

*April 3, 2025*

Nathan Ochsner, Clerk of Court

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.§  
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CIVIL ACTION NO. 4:25-cv-01139

**Damages Table and Exhibit List****Damages Table**

Category	Estimated Amount
Total Immediate Loss (Annual)	\$101,179
Projected 10-Year Income Loss	\$1,011,790
Projected 20-Year Income Loss	\$2,023,580
Loss of Home Equity	\$400,000
Relocation Costs	\$75,000
Loss of Advanced Nursing Degree & Earnings	\$100,000
Loss of Retirement Contributions	\$50,000
Children's Educational Disruption	\$25,000
Loss of Health Insurance Access	\$30,000
Total Economic Loss (10-Year Projection)	\$1,691,790
Total Economic Loss (20-Year Projection)	\$2,703,580
Non-Economic Damages (Pain, Suffering, Loss of Family Unity)	To Be Determined by Court
Risk to Life and Safety	Incalculable

**Exhibit List**

**Exhibit 1** - Birth Certificates and Social Security Cards (Plaintiff and Children)

**Exhibit 2** - Marriage License (August 6, 2022)

**Exhibit 3** - Plaintiff's W-2 and Proof of Nursing Enrollment

**Exhibit 4** - Property Tax Statement (2024)

**Exhibit 5** - Husband's Income Documentation

**Exhibit 6** - Approved Form I-130

**Exhibit 7** - Pending Form I-131 Application

**Exhibit 8** - Form I-134 Affidavit of Support

**Exhibit 9** - DHS Deportation Campaign (Press Releases and Executive Orders)

**Exhibit 10** - CBP One App Announcement

**Exhibit 11** - Detention and Deportation Policy Statement

**Exhibit 12** - EO 14157 (Cartel Designation)

**Exhibit 13** - Presidential Proclamation 10903

**Exhibit 14** - U.S. Consulate Safety Alert (March 10, 2025)

**Exhibit 15** - Mexico Travel Advisory

**Exhibit 16** - Migration Policy Institute Report

**Exhibit 17** - Medical Records (Fibroid Tumors, Anemia, Diabetes, ADHD)

Executed this 1 day of April, 2025

A handwritten signature in black ink, appearing to read 'Suzanne Raylene Figueroa', written over a horizontal line.

Suzanne Raylene Figueroa

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**DECLARATION OF AUTHENTICITY OF EXHIBITS**

I, Suzanne Raylene Figueroa, declare under penalty of perjury pursuant to 28 U.S.C. § 1746 as follows:

1. I am the Plaintiff in the above-captioned matter, and I make this declaration based on my personal knowledge.
2. The documents identified as Exhibits 1 through 17, as referenced in my Declaration in Support of Complaint, are true and correct copies of original documents that are in my possession, custody, or control.
3. These exhibits consist of records, certificates, affidavits, official statements, and other materials personally generated, received, or maintained by me or my immediate family, or obtained from official governmental or organizational sources.
4. To the best of my knowledge and belief, each exhibit is authentic, unaltered, and accurately reflects the original document or record as it exists.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 1 day of April, 2025

Conroe, Texas

A handwritten signature in black ink, appearing to read 'Suzanne Raylene Figueroa', written over a horizontal line.

Suzanne Raylene Figueroa

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

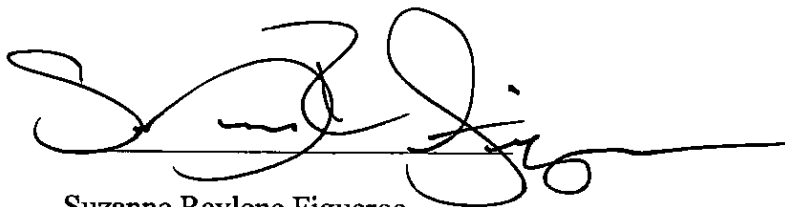
**NOTICE OF FILING**

**TO THE HONORABLE JUDGE OF SAID COURT AND TO ALL INTERESTED  
PARTIES:**

Please take notice that Plaintiff, Suzanne Raylene Figueroa, has filed the following  
documents in support of her Complaint:

1. Declaration of Suzanne Raylene Figueroa in Support of Complaint
2. Medical Affidavit
3. Damages Table and Exhibit List
4. Declaration of Authenticity of Exhibits
5. Exhibits 1-17

Respectfully submitted,



Suzanne Raylene Figueroa

Plaintiff, Pro Se

April 1, 2025

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 1**  
**Birth Certificates and Social Security Cards**  
**Plaintiff and Three Minor Children**

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE  
RIVERSIDE, CALIFORNIA

104 -

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

38 010778

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST Suzanne	1B. MIDDLE Raylene	1C. LAST White
	2. SEX Female	3A. THIS BIRTH, SINGLE, TWIN, 1ST, 2ND, ETC. Single	3B. IF MULTIPLE, THIS CHILD ---
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR October 6, 1986	4B. HOUR—(24 HOUR CLOCK TIME) 0101	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Riverside General Hospital		
FATHER OF CHILD	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 9851 Magnolia Avenue		5C. CITY OR TOWN Riverside
	6A. NAME OF FATHER—FIRST Robert	6B. MIDDLE Lee	6C. LAST White
MOTHER OF CHILD	7. STATE OF BIRTH not given	8. AGE OF FATHER 44	9A. NAME OF MOTHER—FIRST Raylene
	9B. MIDDLE Grace	9C. LAST (BIRTH NAME) Bishop	10. STATE OF BIRTH MA
PARENT'S CERTIFICATION	11. AGE OF MOTHER 26	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>Raylene X Montalvo</i>	12B. RELATIONSHIP TO CHILD Mother
	12C. DATE SIGNED 10/7/86	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>Thomas Gibson MD</i>	13B. LICENSE NUMBER A-20575
ATTENDANT'S CERTIFICATION	13C. DATE SIGNED 10/22/86	14. REQUEST OMISSION FROM SOLICITATION LISTS	15. TYPED NAME AND ADDRESS Thomas Gibson, M.D., 9851 Magnolia Avenue, Riverside, CA. 92503
	16. LOCAL REGISTRAR—SIGNATURE <i>3222 [Signature]</i>	17. DATE ACCEPTED FOR REGISTRATION OCT 24 1986	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

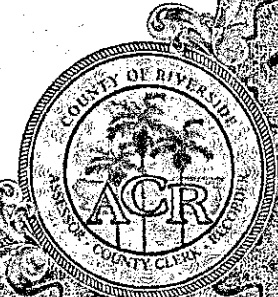
DATE ISSUED APR 19 2019

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Peter Alderson  
PETER ALDARON  
ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA



CARIVERS02



U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES OF AMERICA

**SOCIAL SECURITY**

642-22-6142

THIS NUMBER HAS BEEN ESTABLISHED FOR

**SUZANNE RAYLENE  
FIGUEROA**

SIGNATURE

08/19/2023

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES OF AMERICA



This card belongs to the Social Security Administration and you must return it if we ask for it.

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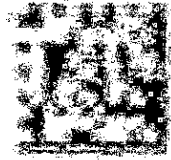
Social Security Administration

P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration

Form SSA-3000 (08-2011)



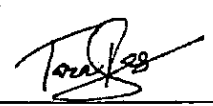
H163266975

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER 142-19-051600

1. Child's Name - First <b>KAYLEE ROSE</b>		Middle <b>GARCIA</b>	Last <b>GARCIA</b>	Suffix	2. Date of Birth (mm/dd/yyyy) <b>02/26/2019</b>	3. Sex <b>FEMALE</b>
4a. Place of Birth - County <b>MONTGOMERY</b>		4b. City or Town (If outside city limits, give precinct no.) <b>SHENANDOAH</b>		5. Time of Birth <b>07:58 PM</b>	6a. Plurality - Single, Twin, Triplet, etc. <b>SINGLE</b>	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):				7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) <b>MEMORIAL HERMANN THE WOODLANDS MEDICAL CENTER</b>		
8. Informant's Name and Mailing Address  <b>SUZANNE RAYLENE WHITE</b> <b>1414 S 1ST ST A CONROE, TEXAS 77301</b>				9. Certifier - I certify that this child was born alive on the date as stated above   Signature of State Registrar		
10. Mother's Name Prior to First Marriage First Middle Last Suffix <b>SUZANNE RAYLENE WHITE</b>				11. Date of Birth (mm/dd/yyyy) <b>10/06/1986</b>	12. Birthplace (State, Territory or Foreign Country) <b>CALIFORNIA</b>	
13a. Residence - State <b>TEXAS</b>	13b. County <b>MONTGOMERY</b>	13c. City, Town or Location <b>CONROE</b>		13d. Street Address or Rural Location <b>1414 S 1 ST STREET A</b>		
13e. Zip Code <b>77301</b>	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <b>77301</b>		14. Same As Residence, or: (If Same As Residence, Enter Zip Code Only)		
15. Father's Name Prior to First Marriage First Middle Last Suffix <b>LUIS ALBERTO GARCIA CATALAN</b>				16. Date of Birth (mm/dd/yyyy) <b>07/06/1985</b>	17. Birthplace (State, Territory or Foreign Country) <b>MEXICO</b>	
18a. Registrar's File Number <b>01001277</b>		18b. File Date <b>2/28/2019</b>		18c. Name of State Registrar <b>TARA DAS</b>		

VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics

QA 15638687

CIN

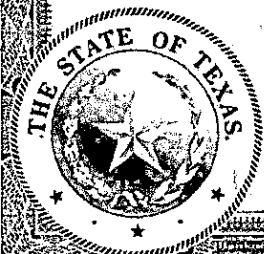
This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

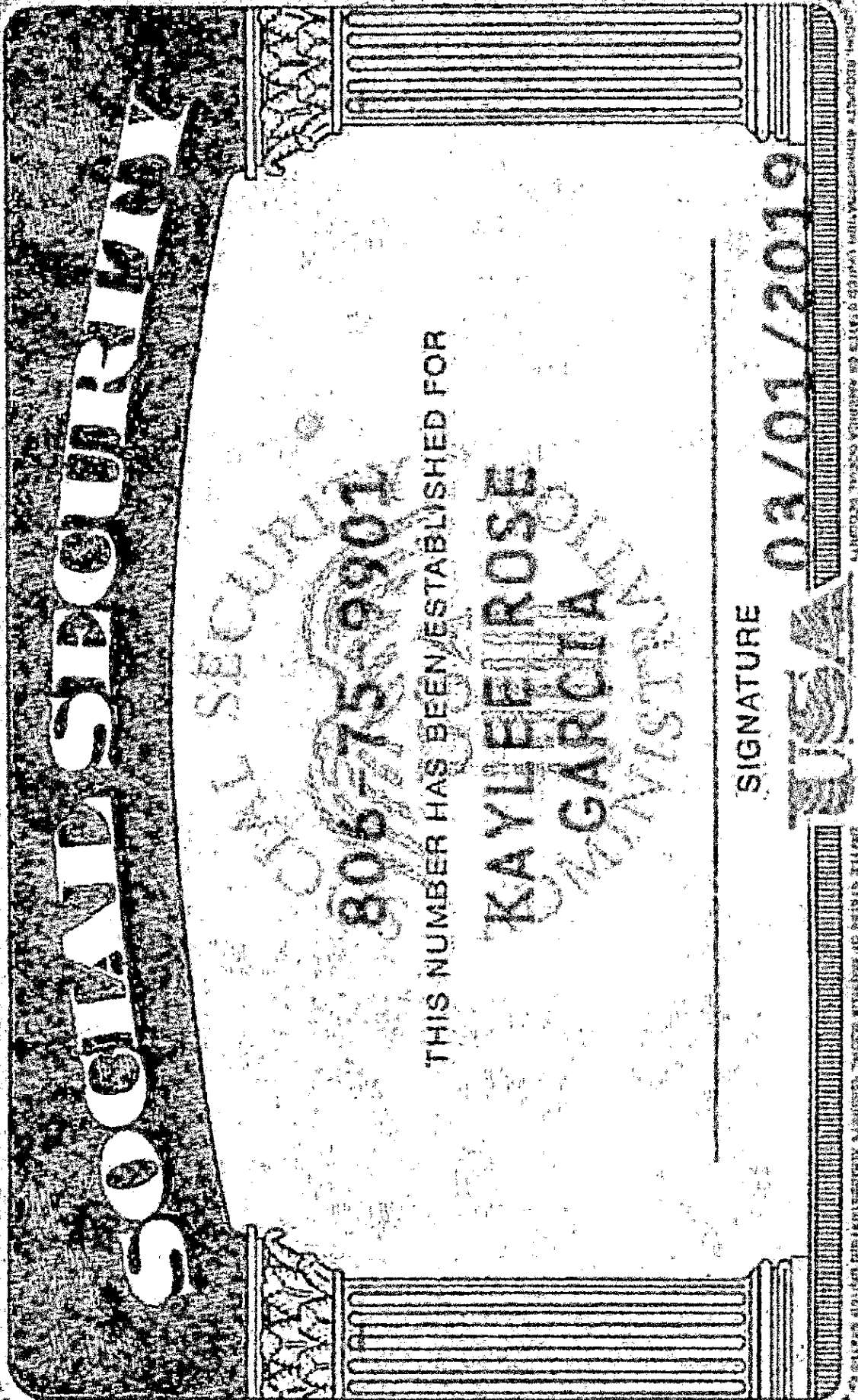
ISSUED DEC 04 2019


  
TARA DAS  
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





SOCIAL SECURITY

806-75-9901

THIS NUMBER HAS BEEN ESTABLISHED FOR

KAYLE ROSE  
GARCIA

SIGNATURE

03/01/2019



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If you find a card that isn't yours, please return it to:

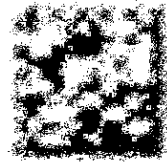
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Social Security Administration

Form SSA-3000 (08-2011)




H16448426

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER 142-19-051600

1. Child's Name First Middle Last Suffix <b>KAYLEE ROSE GARCIA</b>		2. Date of Birth (mm/dd/yyyy) <b>02/26/2019</b>	3. Sex <b>FEMALE</b>
4a. Place of Birth - County <b>MONTGOMERY</b>	4b. City or Town (If outside city limits, give precinct no.) <b>SHENANDOAH</b>	5. Time of Birth <b>07:58 PM</b>	6a. Plurality - Single, Twin, Triplet, etc. <b>SINGLE</b>
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) <b>MEMORIAL HERMANN THE WOODLANDS MEDICAL CENTER</b>	
8. Informant's Name and Mailing Address <b>SUZANNE RAYLENE WHITE</b> <b>1414 S 1ST ST A CONROE, TEXAS 77301</b>		9. Certifier - I certify that this child was born alive on the date as stated above  Signature of State Registrar	
10. Mother's Name Prior to First Marriage First Middle Last Suffix <b>SUZANNE RAYLENE WHITE</b>		11. Date of Birth (mm/dd/yyyy) <b>10/06/1986</b>	12. Birthplace (State, Territory or Foreign Country) <b>CALIFORNIA</b>
13a. Residence - State <b>TEXAS</b>	13b. County <b>MONTGOMERY</b>	13c. City, Town or Location <b>CONROE</b>	13d. Street Address or Rural Location <b>1414 S 1 ST STREET A</b>
13e. Zip Code <b>77301</b>	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or: (If Same As Residence, Enter Zip Code Only) <b>77301</b>	
15. Father's Name Prior to First Marriage First Middle Last Suffix <b>LUIS ALBERTO GARCIA CATALAN</b>		16. Date of Birth (mm/dd/yyyy) <b>07/06/1985</b>	17. Birthplace (State, Territory or Foreign Country) <b>MEXICO</b>
18a. Registrar's File Number <b>01001277</b>		18b. File Date <b>2/28/2019</b>	18c. Name of State Registrar <b>TARA DAS</b>

VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics

CIN

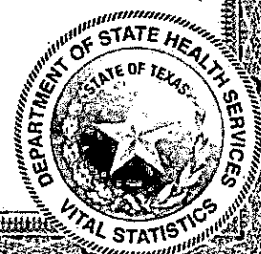
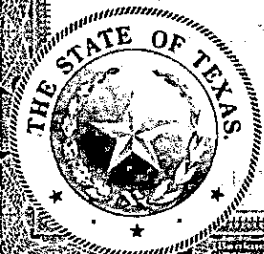
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ISSUED DEC 04 2019

  
TARA DAS  
STATE REGISTRAR

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SECURITY AGENCY OF THE UNITED STATES OF AMERICA  
SECURITY AGENCY OF THE UNITED STATES OF AMERICA  
SECURITY AGENCY OF THE UNITED STATES OF AMERICA

**SOCCIAL SECURITY**

806-75-9901

THIS NUMBER HAS BEEN ESTABLISHED FOR

**KAYLEE ROSE GARCIA**

MINISTER

SIGNATURE

03/01/2019

UNITED STATES OF AMERICA  
SECURITY AGENCY OF THE UNITED STATES OF AMERICA  
SECURITY AGENCY OF THE UNITED STATES OF AMERICA



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Social Security Administration

Form SSA-3000 (08-2011)




H16448426

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER 142-10-155358

1. Child's Name First Middle Last Suffix <b>AVERY LEE GARCIA</b>		2. Date of Birth (mm/dd/yyyy) <b>06/03/2010</b>		3. Sex <b>MALE</b>	
4a. Place of Birth - County <b>MONTGOMERY</b>		4b. City or Town (If outside city limits, give precinct no.) <b>SHENANDOAH</b>		5. Time of Birth <b>11:19 PM</b>	
6a. Plurality - Single, Twin, Triplet, etc. <b>SINGLE</b>		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.			
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) <b>MEMORIAL HERMANN THE WOODLANDS HOSPITAL</b>			
8. Informant's Name and Mailing Address  <b>SUZANNE RAYLENE WHITE</b> <b>1414 S 1ST ST A CONROE, TEXAS 77301</b>		9. Certifier - I certify that this child was born alive on the date as stated above   Signature of State Registrar			
10. Mother's Name Prior to First Marriage First Middle Last Suffix <b>SUZANNE RAYLENE WHITE</b>		11. Date of Birth (mm/dd/yyyy) <b>10/06/1986</b>		12. Birthplace (State, Territory or Foreign Country) <b>CALIFORNIA</b>	
13a. Residence - State <b>TEXAS</b>		13b. County <b>MONTGOMERY</b>		13c. City, Town or Location <b>CONROE</b>	
13d. Street Address or Rural Location <b>12896 ROYAL LAKE DRIVE</b>		13e. Zip Code <b>77303</b>			
13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or: (If Same As Residence, Enter Zip Code Only) <b>77303</b>			
15. Father's Name Prior to First Marriage First Middle Last Suffix <b>LUIS ALBERTO GARCIA CATALAN</b>		16. Date of Birth (mm/dd/yyyy) <b>07/06/1985</b>		17. Birthplace (State, Territory or Foreign Country) <b>MEXICO</b>	
18a. Registrar's File Number <b>01-2897</b>		18b. File Date <b>6/7/2010</b>		18c. Name of State Registrar <b>TARA DAS</b>	

VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics

CIN

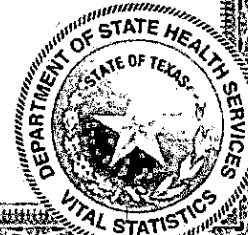
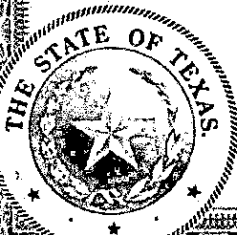
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ISSUED DEC 04 2019

  
TARA DAS  
STATE REGISTRAR

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# SOCCIAL SECURITY

642-25-6195

THIS NUMBER HAS BEEN ESTABLISHED FOR

AVERY LEE  
GARCIA

SIGNATURE

12/27/2019



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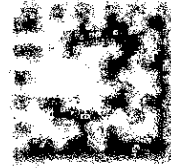
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Social Security Administration

Form SSA-3000 (08-2011)



H31300630

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 2**  
**Marriage License**  
**Executed August 6, 2022**

# Marriage License



## MONTGOMERY COUNTY

To Any Person Authorized by the Laws of the State of Texas  
to Celebrate the Rites of Matrimony in the State of Texas

### GREETING:

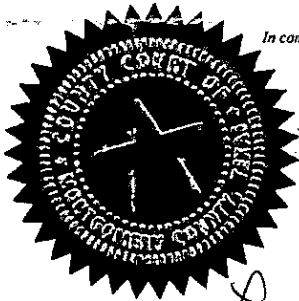
YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

### rites of MATRIMONY

**SUZANNE RAYLENE GARCIA  
& VICENTE FRANCISCO FIGUEROA CRUZ**

*And make due return to the Clerk of the County Court of said County  
within thirty days thereafter, certifying your action under this License.*

In compliance with Texas Department of Health requirements, Section 2.010 of the Texas Family Code.



*Witness my official signature and seal of office in Conroe, Texas  
the 17th day of June A.D. 2022 At 02:52 O'Clock P.M.*

*Mark Turnbull, Clerk of County Court Montgomery County, Texas*

By

*Lillie Denman*  
LILLIE DENMAN

Deputy

*I Gabriela Z. Gonzalez Castillo hereby certify that on the 16 day of  
August A.D. 2022, At O'Clock P.M.*

*I united in Marriage the parties above named in Montgomery County, Texas*

*Witness my hand this 16 day of August A.D. 2022*

*Gabriela Z. Gonzalez Castillo*  
Gabriela Z. Gonzalez Castillo minister  
P.O. Box 7142 Conroe Tx 77306  
Signature  
Printed Name and Title  
Address

*Returned and filed for record the 11 day of AUG, 2022  
and recorded under File No. 04-2114-22 in the Marriage Records*

*By [Signature] Deputy. Mark Turnbull, County Clerk  
License returned to: 17578 WHITE OAK ORCHARD, CONROE, TX, 77306*

The license is not valid for seventy-two (72) hours from the time of issuance and expires at the end of 90 days.



**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 3**  
**Plaintiff's W-2 and Proof of Nursing**  
**Enrollment**

Form <b>W-2 Wage and Tax Statement</b> 2024		BAJ	7 Social security tips	1 Wages, tips, other comp. 57047.49	2 Federal income tax withheld 1058.70
<b>c</b> Employer's name, address, and ZIP code ENCOMPASS HEALTH CORP., AGENT FOR EH REHAB HOSP VISION PARK, LLC 9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242			8 Allocated tips	3 Social security wages 57047.49	4 Social security tax withheld 3536.94
			9	5 Medicare wages and tips 57047.49	6 Medicare tax withheld 827.19
			10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 10.38
			13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b DD 24572.17 12c 12d
<b>e</b> Employee's name, address, and ZIP code SUZANNE RAYLENE FIGUEROA 17040 LINDA LN CONROE, TX 77306			Suff. 13 <b>b</b> Employer identification number (EIN) 63-0860407 <b>a</b> Employee's social security no. 642-22-6142		
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS Web Site at <a href="http://www.irs.gov/office">www.irs.gov/office</a>					

Form <b>W-2 Wage and Tax Statement</b> 2024		BAJ	7 Social security tips	1 Wages, tips, other comp. 57047.49	2 Federal income tax withheld 1058.70
<b>c</b> Employer's name, address, and ZIP code ENCOMPASS HEALTH CORP., AGENT FOR EH REHAB HOSP VISION PARK, LLC 9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242			8 Allocated tips	3 Social security wages 57047.49	4 Social security tax withheld 3536.94
			9	5 Medicare wages and tips 57047.49	6 Medicare tax withheld 827.19
			10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 10.38
			13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b DD 24572.17 12c 12d
<b>e</b> Employee's name, address, and ZIP code SUZANNE RAYLENE FIGUEROA 17040 LINDA LN CONROE, TX 77306			Suff. 13 <b>b</b> Employer identification number (EIN) 63-0860407 <b>a</b> Employee's social security no. 642-22-6142		
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS					

Form <b>W-2 Wage and Tax Statement</b> 2024		BAJ	7 Social security tips	1 Wages, tips, other comp. 57047.49	2 Federal income tax withheld 1058.70
<b>c</b> Employer's name, address, and ZIP code ENCOMPASS HEALTH CORP., AGENT FOR EH REHAB HOSP VISION PARK, LLC 9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242			8 Allocated tips	3 Social security wages 57047.49	4 Social security tax withheld 3536.94
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			10 Dependent care benefits	11 Nonqualified plans	12a C 10.38
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<b>e</b> Employee's name, address, and ZIP code SUZANNE RAYLENE FIGUEROA 17040 LINDA LN CONROE, TX 77306			Suff. 13 <b>b</b> Employer identification number (EIN) 63-0860407 <b>a</b> Employee's social security no. 642-22-6142		
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS					

Form <b>W-2 Wage and Tax Statement</b> 2024		BAJ	7 Social security tips	1 Wages, tips, other comp. 57047.49	2 Federal income tax withheld 1058.70
<b>c</b> Employer's name, address, and ZIP code ENCOMPASS HEALTH CORP., AGENT FOR EH REHAB HOSP VISION PARK, LLC 9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242			8 Allocated tips	3 Social security wages 57047.49	4 Social security tax withheld 3536.94
			9	5 Medicare wages and tips 57047.49	6 Medicare tax withheld 827.19
			10 Dependent care benefits	11 Nonqualified plans	12a C 10.38
			13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b DD 24572.17 12c 12d
<b>e</b> Employee's name, address, and ZIP code SUZANNE RAYLENE FIGUEROA 17040 LINDA LN CONROE, TX 77306			Suff. 13 <b>b</b> Employer identification number (EIN) 63-0860407 <b>a</b> Employee's social security no. 642-22-6142		
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 Dept. of the Treasury - IRS					

**National Student Clearinghouse ®**

2300 Dulles Station Blvd., Suite 300, Herndon, Virginia 20171

PH (703) 742-4200 FX (703) 742-4239

www.studentclearinghouse.org

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**IMPORTANT:** If you are forwarding this certificate to a 3<sup>rd</sup>-party, we advise that you print your policy, account or other identifying information on each page.

Policy/Acct. Holder Name

Policy/Account/Group or Other ID #

# Current Enrollment Verification Certificate

Transaction ID#: 039741003

Date/Time Notified: 12/25/2024 15:31 EST

The National Student Clearinghouse as Authorized Certifying Agent for

**CHAMBERLAIN UNIVERSITY**

verifies the enrollment below for

**SUZANNE FIGUEROA**

This document should not be used for loan deferment verification purposes. Those verifications are handled by lenders using online access to the Clearinghouse. Refer lenders with questions to [service@studentclearinghouse.org](mailto:service@studentclearinghouse.org).

Term Start Date	Term End Date	Enrollment Status	Status Effective Date	Date Certified by School
10/28/2024	03/01/2025	Half Time END OF RECORD	10/28/2024	12/14/2024

*This information verified has been obtained directly and exclusively from the individual's educational institution. The Clearinghouse specifically disclaims any responsibility or liability for errors or omissions in information supplied to the Clearinghouse by an educational institution, including direct, indirect, incidental, special, or consequential damages based in contract, tort, or any other cause of action, resulting from the use of information supplied by the educational institution and verified.*

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 4**  
**Property Tax Statement (2024)**



TAMMY J. MCRAE  
MONTGOMERY COUNTY TAX ASSESSOR-COLLECTOR  
400 N. SAN JACINTO  
CONROE, TX 77301-2823  
PHONE NO. (936) 539-7897

**Mail To:**

FIGUEROA SUZANNE R & VICENTE CRUZ & SOPH  
17040 LINDA LN  
CONROE, TX 77306-8368

**Legal Description:**

S684000 - LAZY CANEY PINES, BLOCK 1,  
LOT 28-A, ACRES 0.829

Legal Acres: .8290

Parcel Address: 17040 LINDA LN

Account No: 0068400002850

CAD No: R547422

As of Date: 04/01/2025

Print Date: 04/01/2025

Market Value		Appraised - Value	Assessed Value	Capped Value	Homesite Value	AG/TIM Market Value	Non-Qualifying Value
Land	Improvement						
\$3,731	\$161,104	\$164,835	\$164,835	\$0	\$164,835	\$0	\$0

Taxing Unit	Assessed Value (100%)	Exemptions		Taxable Value	Tax Rate	Tax
		Code	Value			
MONTGOMERY COUNTY	\$164,835		\$0	\$164,835	0.379000	\$624.72
MONTGOMERY CO HOSPITAL DI	\$164,835		\$0	\$164,835	0.049700	\$81.92
CONROE ISD	\$164,835		\$0	\$164,835	0.949600	\$1,565.27
MONTGOMERY CO ESD 9	\$164,835		\$0	\$164,835	0.100000	\$164.84
LONE STAR COLLEGE	\$164,835		\$0	\$164,835	0.107600	\$177.36

Total 2024 Tax: \$2,614.11  
Total 2024 Levy Paid To Date: \$0.00  
2024 Levy Due: \$2,614.11  
Total 2024 Due: \$2,901.66

**Exemptions:**

AMOUNT DUE IF PAID BY THE END OF:		Taxes become delinquent on February 01, 2025.			
04/30/2025 11%	06/02/2025 13%	06/30/2025 15%	07/31/2025 18 + 20%	09/01/2025 19 + 20%	09/30/2025 20 + 20%
\$2,901.66	\$2,953.95	\$3,006.23	\$3,701.57	\$3,732.94	\$3,764.30

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

**School Information :**

CONROE ISD 2024 M&O .66960000 I&S .28000000 Total .94960000 2023 M&O .70210000 I&S .26000000 Total .96210000

TO PAY BY CREDIT CARD PLEASE CALL 1-800-351-7929 AND USE BUREAU CODE 7898505 OR VISIT WWW.MCTOTX.ORG

PLEASE CUT AT THE DOTTED LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.

**AMOUNT DUE IF PAID BY THE END OF:**

Print Date: 04/01/2025

04/30/2025 11%	06/02/2025 13%	06/30/2025 15%	07/31/2025 18 + 20%	09/01/2025 19 + 20%	09/30/2025 20 + 20%
\$2,901.66	\$2,953.95	\$3,006.23	\$3,701.57	\$3,732.94	\$3,764.30

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

MONTGOMERY COUNTY TAX OFFICE  
TAMMY J. MCRAE  
400 N San Jacinto  
CONROE, TX 77301-2823



0068400002850

FIGUEROA SUZANNE R & VICENTE CRUZ & SOPH  
17040 LINDA LN  
CONROE, TX 77306-8368

**AMOUNT PAID:**

\$ \_\_\_\_\_

000000R547422 000000290166 000000295395 3

**Sold****\$250,001 - \$285,000**

Sold on May 21, 2024

78 Day(s) on Market

4 Bedrooms

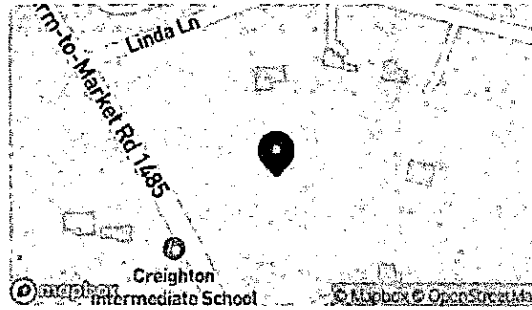
2 Full Bath(s)

Single-Family

1,764 Built Sqft./Appraisal District

34,816 Lot Sqft./Survey

Discover a life without restrictions within an exquisite property nestled on more than one acre. This fully renovated 4 bedroom home boasts distinctive touches throughout- including exquisite quartz countertops in the kitchen, luxurious wood-like flooring, and meticulously crafted custom cabinets. Step outside and savor a cup of coffee while taking in the breathtaking natural views that this property offers. Location is prime, just a 15-minute drive from downtown Conroe, The Woodlands, and it falls within the prestigious Conroe Independent School District. Priced to sell, don't miss the opportunity to make this charming country home your own. Schedule a viewing today and start enjoying the tranquility and peace of country living.

**General Description**

MLS#	78667855	Legal Description	LAZY CANEY PINES, BLOCK 1, LOT 28 & TR 11 IN, ACRES 4.710
List Price	\$295,000 (\$167/Sqft.)	Property Type	Single-Family
Sold Price Range	\$250,001 - \$285,000	Bedroom	4 Bedroom(s)
Listing Status	Sold	Bath	2 Full Bath(s)
Address	17040 Linda Ln	Stories	1
City	Conroe	Architecture Style	Contemporary/Modern,Ranch,Traditional
State	TX	Year Built	1965 / Appraisal District
Zip Code	77306	Building Size	1,764 Sqft/Appraisal District
County	Montgomery County	Lot Size	34,816 Sqft./Survey
listingdetail.countylong	See more information about Montgomery County Appraisal District	Key Map®	190Z
Subdivision	Lazy Caney Pines (View subdivision price trend)	Market Area	Conroe Southeast

**Rooms/Lot Dimensions**

Primary Bedroom	12×10, 1st	Bedroom	10×10, 1st
Bedroom	10×10, 1st	Bedroom	10×10, 1st

**Interior Features**

Heating	Central Electric	Bedroom Description	All Bedrooms Down
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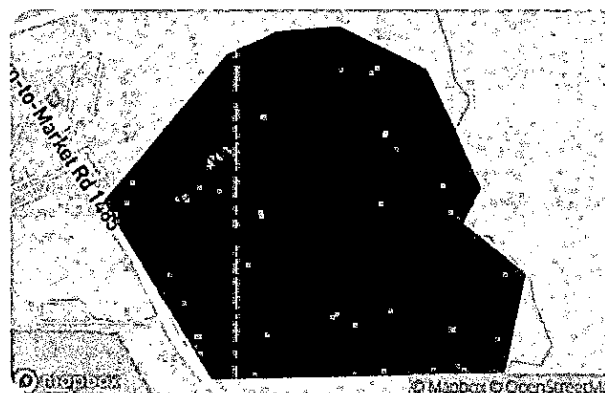


4/03/25 in TXSD, Pa  
Family Room, Kitchen/Dining  
Combo, 1 Living Area, Utility  
Room in House

Exterior Type	Brick, Wood	Water Sewer	Septic Tank, Well
Private Pool	No	Roof	Wood Shingle
Lot Description	Corner, Greenbelt	Foundation	Slab

[View subdivision facts](#)

Subdivision Name	Lazy Caney Pines
County	MONTGOMERY
Zip Code	77306
Single Family Properties	32
Average Baths	1.75
Median Sqft.	1,366
Median Lot SqFt.	108,900
Median Year Built	1978
Median Appraised Value	\$76,447
Neighborhood Value Range	\$16 - \$214 K
Median Price / Sqft.	\$161.56

**MLS Market Area Conroe Southeast**

Elementary School	Middle School	High School	School District
MILAM Elementary School	MOORHEAD Junior High School	CANEY CREEK High School	Conroe ISD

School information is computer generated and may not be accurate or current. Buyer must independently verify and confirm enrollment. Please contact the school district to determine the schools to which this property is zoned.

**Listing Agent**

**Grecia Coronado**  
RE/MAX Universal  
(832) 728-6152

**Selling Agent**

**Adriana Evans**  
TWG Realty  
(832) 683-8018

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 5**  
**Husband's Income Documentation**

<b>Form</b>	<b>1040</b>	Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	<b>2024</b>	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20					
Your first name and middle initial <b>Suzanne R</b>		Last name <b>Figueroa</b>		Your social security number <b>6142</b>	
If joint return, spouse's first name and middle initial <b>Vicente F</b>		Last name <b>Figueroa</b>		Spouse's social security number <b>5083</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>17040 Linda Ln</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Conroe</b>				State <b>TX</b>	
				ZIP code <b>773068368</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					
<b>Filing Status</b>					
<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH)					
<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)					
<input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Qualifying surviving spouse (QSS)					
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____					
<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____					
<b>Digital Assets</b> At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Standard Deduction</b> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien					
<b>Age/Blindness</b> You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind					
<b>Dependents</b> (see instructions):					
(1) First name		Last name		(2) Social security number	(3) Relationship to you
Avery L		Garcia		6195	Son
Luis A		Garcia, Jr		7428	Son
Kaylee R		Garcia		9901	Daughter
<b>Income</b>					
1a Total amount from Form(s) W-2, box 1 (see instructions)				1a 101,179.	
b Household employee wages not reported on Form(s) W-2				1b	
c Tip income not reported on line 1a (see instructions)				1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e Taxable dependent care benefits from Form 2441, line 26				1e	
f Employer-provided adoption benefits from Form 8839, line 29				1f	
g Wages from Form 8919, line 6				1g	
h Other earned income (see instructions)				1h 0.	
i Nontaxable combat pay election (see instructions)				1i	
z Add lines 1a through 1h				1z 101,179.	
2a Tax-exempt interest				2a	
3a Qualified dividends				3a	
4a IRA distributions				4a	
5a Pensions and annuities				5a	
6a Social security benefits				6a	
b Taxable interest				2b	
b Ordinary dividends				3b	
b Taxable amount				4b	
b Taxable amount				5b	
b Taxable amount				6b	
c If you elect to use the lump-sum election method, check here (see instructions)				<input type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here				7	
8 Additional income from Schedule 1, line 10				8 1,985.	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>				9 103,164.	
10 Adjustments to income from Schedule 1, line 26				10	
11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>				11 103,164.	
12 <b>Standard deduction or itemized deductions</b> (from Schedule A)				12 70,091.	
13 Qualified business income deduction from Form 8995 or Form 8995-A				13	
14 Add lines 12 and 13				14 70,091.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>				15 33,073.	

**Standard Deduction for—**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under **Standard Deduction**, see instructions.

**Attach Sch. B if required.**

Form 1040 (2024)

Page 2

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	3,505.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	3,505.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	3,505.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	3,505.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	4,367.
	<b>b</b>	Form(s) 1099	<b>25b</b>	199.
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	4,566.
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	2,495.
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	2,495.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	7,061.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,061.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,061.
Direct deposit? See instructions.	<b>b</b>	Routing number	<b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes. Complete below.</b> <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			LVN	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			Maintenance Technician	
	Phone no. (936) 314-3612	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA REV 02/04/25 TTO

Form 1040 (2024)

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 6**  
**Approved Form I-130**



Receipt Number IOE0920830241		Case Type I130 - PETITION FOR ALIEN RELATIVE
Received Date 05/30/2023	Priority Date 05/30/2023	Petitioner FIGUEROA, SUZANNE RAYLENE
Notice Date 08/12/2024	Page 1 of 1	Beneficiary FIGUEROA CRUZ, VICENTE FRANCISCO
FIGUEROA, SUZANNE RAYLENE 17040 LINDA LN CONROE TX 77306-8368		Notice Type: Approval Notice Section: Husband or wife of U.S Citizen, 201(b) INA

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.

**What the Official Notice Said**

The above petition has been approved. As the petitioner requests, we have sent the petition to the U.S. Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. The NVC processes all approved immigrant visa petitions that need consular action, including the collection of necessary forms and documents. It also determines which consular post is appropriate to complete visa processing. The NVC will then transfer the approved petition to the consular post once processing has been completed and an interview has been scheduled at the Embassy or Consulate.

The NVC will contact the beneficiary of this petition with further information about immigrant visa processing steps.

You should allow a minimum of 45 days for U.S. Department of State processing before contacting the NVC. If you have not received any correspondence from NVC within 45 days, you may contact the NVC at <https://nvc.state.gov/inquiry>.

For more information about NVC processing, please visit <https://nvc.state.gov>.

**THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

**NOTICE:** Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
38 River Road  
Essex Junction VT 05479-0001

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)





**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

§  
§  
§  
§  
§  
§  
§

CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 7**  
**Pending Form I-131 Application**

*Handwritten:* 02-28-79  
URGENT

SUBJECT: URGENT Notice of Pending Civil Action & Emergency TRO Request -  
Requiescent to Pending I-131 Parole-in-Place for Vincent F. Figueroa Cruz  
A-Number: 234732599

ENCLOSED DOCUMENTS

1. Cover Letter (Normal Notice to USCIS regarding the pending lawsuit and TRO request)
2. Filed Civil Complaint (Southern District of Texas, Houston Division, Case No. 17679)  
(Case Number)
3. Court Docket Sheet or Filing Confirmation (Proof that the case is active and pending)
4. USCIS Form G-1145
5. USCIS Form I-131
6. USCIS Form I-131 (Recommendation for PIP w/ emergency order for cash payment of application fee)  
*as per directive on USCIS gov!*

**WOODFOREST**  
8070CJBA  
10000 CASH IN BANK  
MONEY ORDER

2



**WOODFOREST®**  
NATIONAL BANK

P.O. Box 7889 | The Woodlands, TX 77387-7889 | (877) 968-7962  
Member FDIC

60760364

03/11/2025  
0531 TX Conroe HEB  
DFuentesLopez

35-846  
1130

Purchaser: SUZANNE RAYLENE FIGUEROA

RECEIPT COPY

PAY Six Hundred Thirty and 00/100ths dollars \*\*\*\*\*

TO THE ORDER OF US Department of Homeland Security

Payment of I-131 Application  
Re: Vicente F Figueroa Cruz A#A34932099

\*\$630.00\*

**MONEY ORDER**

MUST BE NEGOTIATED WITHIN 90 DAYS  
NOT VALID OVER \$1000.00

DATE 3/11/2025 THRU 12/04/2025  
FOR Payment for I-131 App Fee  
MEMO \* NOT NEGOTIABLE

husband PIP Humanitarian Deed  
Urgent re Civil Suit 4:25cv1139



# Application for Travel Documents, Parole Documents, and Arrival/Departure Records

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-131

OMB No. 1615-0013

Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any.  <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____ <b>Document Issued</b> <input type="checkbox"/> Re-entry Permit (Update "Mail To" Section) <input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____ <input type="checkbox"/> TPS Travel Authorization Documentation Valid Until: ____/____/____		

► **START HERE** - Type or print in black ink.

## Part 1. Application Type

Select the application type below.

### Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

### Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.  
 3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

### Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last approved Form I-821, Application for Temporary Protected Status, is:

### Advance Parole Document (for noncitizens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located inside the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

- A. ☐ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:



**Part 1. Application Type (continued)**

- B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:
- C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:
- D. ☐ Deferred Enforced Departure.
- E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:
- F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:
- G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:
- H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:
- I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:
- J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:
- K. ☐ An approved V Nonimmigrant Status, receipt number:
- L. ☐ CNMI long-term residence, receipt number:
- M. ☐ Other (provide explanation):

***Initial Parole Document (for noncitizens who are currently outside the United States)***

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

- A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:



**Part 1. Application Type (continued)****B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)**

- (1) ☐ A current or former service member.
- (2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
- (3) ☐ Current legal guardian or surrogate of a current or former service member.

**C. ☐ Intergovernmental Parole Referral**

U.S. Federal Executive Branch Government Agency:

U.S. Federal Government Agency Representative Official Email Address:

**D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:**

**E. ☐ Other: (List specific parole program or process)**


7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process.**

**Initial Request for Arrival/Departure Record for Parole In Place (for noncitizens who are inside the United States)**

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

**A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:**

- (1) ☐ A current or former service member.
- (2) ☐ A spouse, parent, son, or daughter of a current or former service member.

**B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:**

**C. ☐ Other: (List specific program or process)**


9. ☒ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, **but not under a specific program or process**, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, **but not under a specific program or process.**

**Part 1. Application Type (continued)*****Arrival/Departure Records for Re-parole for Noncitizens Who Are Requesting a New Period of Parole (from inside the United States)***

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:
- A. ☐ Family Reunification Parole Process
  - B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)
  - C. ☐ Certain Ukrainians Paroled Into the United States After February 24, 2022 (See form Instructions)
  - D. ☐ Filipino World War II Veterans Parole (FWVP) Program
  - E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)
    - (1) ☐ A current or former service member.
    - (2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
    - (3) ☐ Current legal guardian or surrogate of a current or former service member.
  - F. ☐ Central American Minors (CAM) Program
  - G. ☐ Family Reunification Task Force (FRTF) Process
  - H. ☐ Military Parole in Place (Military PIP)
    - (1) ☐ A current or former service member.
    - (2) ☐ A spouse, parent, son, or daughter of a current or former service member.
  - I. ☐ Other Program or Process (List specific program or process):
11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not** under a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not** under a specific program or process.
12. If you selected one of the boxes in Item Numbers 10. or 11., list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy)

***Refugee Status***

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a ☐ Yes ☒ No direct result of being a refugee?

**Part 2. Information About You**

1. Your Full Name

Family Name (Last Name)

FIGUEROA

Given Name (First Name)

SUZANNE

Middle Name (if applicable)

RAYLENE

**Part 2. Information About You (continued)****2. Other Names Used (if applicable)**

Family Name (Last Name)

WHITE

OVIEDO

GARCIA

Given Name (First Name)

SUZANNE

SUZANNE

SUZANNE

Middle Name (if applicable)

RAYLENE

RAYLENE

RAYLENE

**3. Current Mailing Address or Safe Address (if applicable)**

In Care Of Name (if any)

Street Number and Name

17040 LINDA LANE

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

CONROE

State

WA

ZIP Code

77306

Province

Postal Code

Country

USA

**4. Current Physical Address (if different from the above address)**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

**Other Information****5. Alien Registration Number (A-Number) (if any)**

▶ A-

**6. Country of Birth**

UNITED STATES OF AMERICA

**7. Country of Citizenship or Nationality**

UNITED STATES OF AMERICA

**8. Gender**☐ Male☒ Female☐ Another Gender Identity**9. Date of Birth**

(mm/dd/yyyy) 10/06/1986

**10. U.S. Social Security Number (if any)**

▶ 6 4 2 2 2 6 1 4 2

**11. USCIS Online Account Number (if any)**

▶ 0 2 4 9 4 2 3 8 1 6 3 7

If you are physically present in the United States, and you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (Part 1, Item Numbers 4., 5., 8., 9., 10., or 11.) complete the following:

**12. Class of Admission (COA) (if any)****13. Most Recent Form I-94 Arrival/Departure Record Number (if any)**

**Part 2. Information About You (continued)**

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy)
15. eMedical U.S. Parolee ID (USPID) (if any)

**Information About Them (Complete this section only if you are applying on behalf of someone else.)**

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in Item Numbers 16. - 27. Do not complete this section if filing for yourself.

16. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
- FIGUEROA CRUZ VICENTE FRANCISCO

17. Their Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

18. Date of Birth (mm/dd/yyyy)  19. Country of Birth
- 06/20/1972 MEXICO

20. Country of Citizenship or Nationality

MEXICO

21. Daytime Phone Number

9365370067

22. Email Address (if any)

VICENTEFIGUEROACRUZ1@GMAIL.COM

23. Alien Registration Number (A-Number) (if any)

▶ A- 2 3 4 9 3 2 0 9 9

24. Their Current Mailing Address

In Care Of Name (if any)

Street Number and Name

17040 LINDA LANE

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

CONROE

State

TX

ZIP Code

77306

Province

Postal Code

Country

USA

25. Their Current Physical Address

In Care Of Name (if any)

Street Number and Name

17040 LINDA LANE

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

CONROE

State

TX

ZIP Code

77306

Province

Postal Code

Country

USA

**Part 2. Information About You (continued)****Their Other Information**

26. Class of Admission (COA) (if any)

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

**Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record**1. Ethnicity (Select **only one** box)☒ Hispanic or Latino ☐ Not Hispanic or Latino2. Race (Select **all applicable** boxes)☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White3. Height Feet  Inches  4. Weight Pounds   5. Eye Color (Select **only one** box)☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other6. Hair Color (Select **only one** box)☐ Bald (No Hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other**Part 4. Processing Information**1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

2.b. Date Issued

(mm/dd/yyyy)

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued

(mm/dd/yyyy)

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting parole from outside the United States, parole in place, or re-parole from inside the United States, **SKIP** to Part 8.4. Are you requesting a replacement Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No



**Part 4. Processing Information (continued)**

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**
- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

- 6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Gender
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

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- 6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

---

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

- 7.a. ☒ To the U.S. address shown in **Part 2., Item Number 3.** of this application.
- 7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town

---

Country

---



**Part 4. Processing Information (continued)**

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the notification to pick up the travel document be sent?

- 8.a. ☒ To the address shown in Part 2., Item Number 3. of this application.  
 8.b. ☐ To the address shown below in Part 4., Item Number 9.a. of this application.

## 9.a. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐


City or Town

State

ZIP Code

Province

Postal Code

Country

## 9.b. Daytime Phone Number

9363143612

## 9.c. Email Address

GARCIA86.SW@GMAIL.COM

**Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)**

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

- ☐ Less Than 6 Months  
☐ 6 Months to 1 Year  
☐ 1 to 2 Years  
☐ 2 to 3 Years  
☐ 3 to 4 Years  
☐ More Than 4 Years

**Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)**

1. Country from which you are a refugee or asylee:

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in Part 13. Additional Information to provide an explanation.

2. Do you plan to travel to the country named above in Item Number 1.? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you EVER:

- 3.a. Returned to the country named above in Item Number 1.? ☐ Yes ☐ No  
 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in Item Number 1.? ☐ Yes ☐ No  
 3.c. Applied for and/or received any benefit from the country named in Item Number 1. (for example, health insurance benefits)? ☐ Yes ☐ No



**Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)**  
(continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above in Item Number 1.? ☐ Yes ☐ No
- 4.b. Acquired a new nationality? ☐ Yes ☐ No
- 4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No
5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to Item Number 5., because you are filing for a Refugee Travel Document before departing the United States, you may skip Item Numbers 6.a. - 6.c.

If you answered "No" to Item Number 5., you must answer Item Number 6.a. - 6.c.

- 6.a. Are you currently outside the United States? ☐ Yes ☐ No
- 6.b. If you answered "Yes," what is your current location (City or Town and Country)?
- 6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

**Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)**

1. Date of Intended Departure (mm/dd/yyyy)
2. Purpose of trip. (If you need extra space to complete this section, use the space provided in Part 13. Additional Information.)
3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in Part 13. Additional Information.)
4. How many trips do you intend to use this document?  
☐ One Trip ☐ More than one trip
5. Expected Length of Trip (in days)



**Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)**

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

Please see document titled "Affidavit in support of form I-131 for parole in place for Vicente Francisco Figueroa Cruz" My husband has already undergone biometrics processing on 09/18/2024 for his application I-131F before it was determined unlawful. This was application number IOE9406878503.

2. Expected Length of Stay in the United States permanent residency application for

If the person intended to receive the parole document is outside the United States, complete the following Item Numbers:

- 3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)

- 3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town

Country

**Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)**

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under Part 1., Item Number 10. or 11.

**Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)**
**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

9363143612

2. Applicant Mobile Telephone Number (if any)

9363143612

3. Applicant's Email Address (if any)

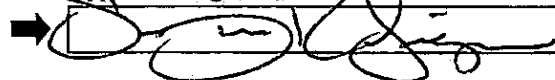
garcia86.sw@gmail.com

**Applicant's Certification and Signature**

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)



12/25/2024

**Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)****Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Contact Information**

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

**Interpreter's Certification and Signature**

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)





**Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant****Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

**Preparer's Contact Information**

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

**Preparer's Certification and Signature**

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)



**Part 13. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which the answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name  
FIGUEROA SUZANNE RAYLENE

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number  
11 8 1

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number

7. Page Number Part Number Item Number

Petitioner: Suzanne Raylene Figueroa  
Re: Vicente Francisco Figueroa Cruz A# 234932099  
Response for: Page # 11, Part # 8, Item # 1

December 25, 2024

USCIS  
Attn: I-131 PIP  
10 Application Way  
Montclair, CA 91763-1350

From:  
Suzanne Raylene Figueroa (US Citizen Spouse)  
TXDL#: 23846718 and SSN: 642226142  
USCIS Online Account number: 024942381637  
17040 Linda Ln  
Conroe, Texas 77306

Re:  
Vicente Francisco Figueroa Cruz  
USCIS Online Account Number: 075857214102  
Assigned A#: A234932099

**AFFIDAVIT IN SUPPORT OF FORM I-131 FOR PAROLE IN PLACE FOR VICENTE  
FRANCISCO FIGUEROA CRUZ**

**To Whom It May Concern,**

My name is Suzanne Raylene Figueroa, a United States citizen, and I am submitting this affidavit in support of my husband, Vicente Francisco Figueroa Cruz, and our request for parole in place under Form I-131. Vicente has lived in the United States for over 25 years without inspection and admission. We have been together for five years and married for three. In this time, Vicente has become the cornerstone of our family.

We are attempting to comply with immigration law, and as evidence of this, I have successfully petitioned and received approval of my Form I-130 Petition for Alien Relative. We are committed to moving forward with the necessary legal processes to obtain legal status for my husband. All we are asking is for protection from deportation while he navigates this process and complies with the requirements set forth by USCIS.

We are seeking this discretionary relief to protect our family from the devastating threat of separation, particularly given the perceived threats of mass deportations promised by the

Exhibit A

Petitioner: Suzanne Raylene Figueroa  
Re: Vicente Francisco Figueroa Cruz A# 234932099  
Response for: Page # 11, Part # 8, Item # 1

President-elect and Texas Governor Greg Abbott. These threats jeopardize not only my husband's ability to remain in the United States but also infringe on the constitutionally protected rights of me and our three U.S. citizen children.

### **THE THREAT OF FAMILY SEPARATION AND UNCONSTITUTIONAL ACTIONS**

The public promises of the President-elect and Governor Abbott regarding mass deportations create a palpable and immediate threat to the stability of my family. These policies risk forcibly removing Vicente, a man who has been a cornerstone of our family life for the past five years, and threaten to uproot our lives in violation of our constitutional rights.

#### **The Fourteenth Amendment to the United States Constitution states:**

*"No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."*

#### **The Supreme Court in *Loving v. Virginia* (388 U.S. 1, 1967) emphasized that:**

*"The freedom to marry has long been recognized as one of the vital personal rights essential to the orderly pursuit of happiness by free men."*

This case affirms that my marriage to Vicente is a fundamental right, protected by the Constitution, and any action that disrupts our union undermines this vital principle.

#### **Furthermore, in *Moore v. City of East Cleveland* (431 U.S. 494, 1977), the Court recognized the centrality of family unity, stating:**

*"Our decisions establish that the Constitution protects the sanctity of the family precisely because the institution of the family is deeply rooted in this Nation's history and tradition."*

Deporting Vicente, OR forcibly removing our entire family from the United States, would violate these established constitutional protections, leaving us in a state of debilitating fear and uncertainty.

### **HUMANITARIAN GROUNDS**

**Petitioner: Suzanne Raylene Figueroa**  
**Re: Vicente Francisco Figueroa Cruz A# 234932099**  
**Response for: Page # 11, Part # 8, Item # 1**

I am currently under the care of two medical specialists for chronic anemia caused by fibroid tumors in my uterus. My OBGYN, Dr. Rajaynder Syal, informed me on April 30, 2024, that I require surgery, either a hysterectomy or a myomectomy, to address these tumors, which measure approximately 9 and 4 centimeters. This condition causes excessive bleeding during my menstrual cycles, resulting in severe fatigue, pain, dizziness, and other symptoms that impair my ability to care for my family and perform my job as a Licensed Vocational Nurse.

Dr. Sandeep Kodityal, MD, my hematologist, has confirmed that surgical intervention is the only option to alleviate my anemia and improve my quality of life. However, I have been unable to schedule this surgery due to the debilitating fear that my husband may be deported while I am recovering. Vicente's presence is critical during this time, as I will require significant care and support to take the necessary time off work for surgery and recovery.

To safeguard my children's well-being, I have drafted legal documents, including a Medical Power of Attorney for myself and a Declaration of Appointment of Guardianship for my children. These documents explicitly name my husband, Vicente, as the legal guardian of my children and their estate in the event of my death or incapacity. This demonstrates the deep trust I have in him as the only person capable of ensuring their care, protection, and financial security. Should Vicente not be present, I fear for my children's future and the disruption to their lives that would follow. Undergoing major surgery carries inherent risks, including the possibility that I may not wake up. My husband's presence is imperative to enforce these legal documents if necessary and to act as my Medical Power of Attorney to make life-sustaining decisions on my behalf.

Furthermore, without my husband's financial support, I cannot afford the co-insurance required to pay for this critical surgery. As a result, I am left with no other option but to continue suffering from this painful and progressively worsening condition. Vicente's presence is not only vital to my ability to undergo this surgery and recover but also to ensure that our family's financial and emotional stability is maintained during this challenging time.

#### **IMPACT ON OUR CHILDREN**



**Petitioner: Suzanne Raylene Figueroa**  
**Re: Vicente Francisco Figueroa Cruz A# 234932099**  
**Response for: Page # 11, Part # 8, Item # 1**

Our three children—Avery (14), Luis (8), and Kaylee (5)—are U.S. citizens who rely on Vicente as their father and primary caregiver. Deporting him would not only remove their emotional anchor but also disrupt their educational and personal growth. Kaylee sees Vicente as her only father figure, Luis depends on his guidance to learn responsibility and teamwork, and Avery looks to him for emotional support and encouragement in pursuing his academic goals, including his dream of becoming a pediatrician.

The potential deportation of Vicente, or of our entire family, has caused immense emotional distress for our children. They live in constant fear of losing their father or being uprooted from their home. Deporting Vicente would irreparably harm their emotional well-being, academic progress, and future prospects.

#### **SIGNIFICANT PUBLIC BENEFIT**

Granting parole in place for Vicente is not only critical to our family's well-being but also aligns with the public interest. Vicente contributes significantly to our household, enabling me to pursue higher education and ensure our family's financial self-sufficiency. Removing him would increase the likelihood of our reliance on public support, contrary to the intent of immigration policy.

Additionally, Vicente manages his Diabetes Mellitus effectively through healthcare provided under my employer-sponsored insurance. Deporting him would deny him access to necessary medical care, posing serious health risks and placing an undue burden on resources outside the United States.

#### **SAFETY CONCERNS IN MEXICO**

The U.S. government has officially designated Mexican cartels as terrorist organizations, acknowledging the significant dangers that deportees face upon return. If Vicente is deported, my family would be forced to relocate to Mexico to remain together, placing us at imminent risk. The U.S. Department of State has issued **travel advisories** warning against travel to various regions in Mexico due to cartel violence, kidnappings, and law enforcement corruption.

Petitioner: Suzanne Raylene Figueroa  
Re: Vicente Francisco Figueroa Cruz A# 234932099  
Response for: Page # 11, Part # 8, Item # 1

Given these well-documented dangers, forcing Vicente to return to Mexico would put his life at risk, while also coercing my family into exile against our will.

## **FINALIZATION AND SUPPORTING EVIDENCE**

As evidence of everything stated herein, I am attaching the following documentation:

- Evidence A: Approval Letter for Form I-130, Petition for Alien Relative.
- Evidence B: Medical records confirming my treatment with Dr. Rajaynder Syal and Dr. Sandeep Kodityal and the presence of fibroid tumors.
- Evidence C: Proof of my enrollment at Chamberlain University to support my pursuit of higher education and career advancement.
- Evidence D: Proof of family covered medical insurance
- Evidence E: Proof of Vicente's medical management for his diabetes
- Evidence F: Medical Power of Attorney and Declaration of appointment of guardian for my children in the event of death or incapacity
- Evidence G: Mortgage and property tax

These documents substantiate the urgent humanitarian need and significant public benefit of granting parole in place for my husband, Vicente. We are committed to complying with immigration law and ensuring that our family remains united during this process.

## **REQUEST FOR RELIEF**

In light of INA Section 212(d)(5)(A), the urgent humanitarian concerns, significant public benefit considerations, and constitutional protections, I respectfully request that USCIS exercise its discretion to grant parole in place for Vicente Francisco Figueroa Cruz. His continued presence in the United States is essential to preserving our family's stability, health, and unity in the face of this unprecedented threat.

Thank you for your time and thoughtful consideration. Sincerely,



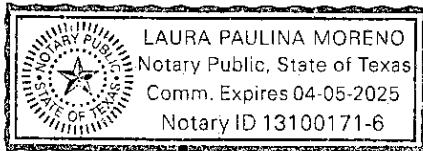
Suzanne Raylene Figueroa

Petitioner: Suzanne Raylene Figueroa  
Re: Vicente Francisco Figueroa Cruz A# 234932099  
Response for: Page # 11, Part # 8, Item # 1

State of Texas  
County of Montgomery,

Before me, Tyler Hammett, on this day personally  
appeared Suzanne Figueroa, known to me (or proved to me on the oath  
of or through Texas Driver License to be the person whose name is subscribed  
to the foregoing document and, being by me first duly sworn, declared that the statements therein  
contained are true and correct.

Given under my hand and seal of office this 27 day of December, 2024.



(Notary Seal)

[Signature]  
Notary Public's Signature

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 8**  
**Form I-134 Affidavit of Support**



# Declaration of Financial Support

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-134  
OMB No. 1615-0014  
Expires 12/31/2027

► **START HERE** - Type or print in black ink.

## Part 1. Basis for Filing

1. I am filing this form on behalf of:

- ☐ Myself as the beneficiary. (Complete **Parts 2., 4., and 7 - 8.** Skip **Parts 3., 5., and 6.**)
- ☒ Another individual who is the beneficiary. (Complete **Parts 2. - 3.** and **Parts 5. - 8.** Skip **Part 4.**)

## Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary

All filers must complete **Part 2.**

1. Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FIGUEROA	SUZANNE	RAYLENE

2. Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WHITE	SUZANNE	RAYLENE
GARCIA	SUZANNE	RAYLENE

3. Current Mailing Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
17040 LINDA LN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

City or Town	State	ZIP Code
CONROE	TX	77306

Province	Postal Code	Country
		US

4. Is your current mailing address the same as your current physical address? ☒ Yes ☐ No

If you answered "No" to **Item Number 4.**, provide your current physical address in **Item Number 5.**



**Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary (continued)****5. Current Physical Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ 

City or Town

State

ZIP Code

Province

Postal Code

Country

**6. Date of Birth (mm/dd/yyyy)**

10/06/1986

**7. Place of Birth**

City or Town

State or Province

Country

**8. Alien Registration Number (A-Number) (if any)**▶ A- **9. USCIS Online Account Number (if any)**▶ **10. What is your current immigration status?**
☒ U.S. Citizen   ☐ U.S. National   ☐ Lawful Permanent Resident   ☐ Nonimmigrant   ☐ Asylee

☐ Refugee   ☐ Parolee   ☐ TPS holder

☐ Beneficiary of deferred action (including DACA) or Deferred Enforced Departure

☐ Other (Explain)

**11. What is your relationship to the beneficiary?**

WIFE

**12. Employment Status**
☒ Employed (full-time, part-time, seasonal ) as a/an 

Name of Employer

ENCOMPASS HEALTH REHAB HOSPITAL

☐ Self-Employed as a/an 
☐ Unemployed or Not Employed   ☐ Retired

☐ Other (Explain):

**Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary (continued)****Financial Information**

Provide information about your dependents, income, and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**

13. How many other Form I-134, Form I-134A, Form I-864, Form I-864EZ, and Form I-864A have you previously submitted on behalf of a person (including yourself, if applicable) and your support obligation has not ended? Do not include the beneficiary named in **Part 3**.

NONE

14. How many other dependents do you support (including yourself)? Do not include individuals in **Item Number 13**. and the beneficiary named in **Part 3**.

FOUR

15. Provide the information requested in the table below about all of your dependents and any other individuals you financially support. Do not include yourself and the beneficiary named in **Part 3**.

Full Name	Date of Birth (mm/dd/yyyy)	Relationship to you	A-Number (if any)	Receipt Number (if any)
AVERY LEE GARCIA	06/03/2010	SON		
LUIS ALBERTO GARCIA JR	04/06/2016	SON		
KAYLEE ROSE GARCIA	02/26/2016	DAUGHTER		

16. What is your current annual income? \$ 57,047

17. Provide information on the cash or assets available to you (do not include any assets from the individual named in **Part 3**). Attach evidence showing you have these assets.

Type of Asset	Amount (Cash Value) (U.S. dollars)
Checking - Bank Account	\$600
Savings - Bank Account	\$8,000
Real Estate Holdings	\$400,000
Personal Property (net value)	\$8,000
<b>TOTAL (U.S. dollars) \$</b>	<b>416,600</b>

**Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary (continued)****Intent to Provide Specific Contributions to the Beneficiary**

If you are filing this form on behalf of another individual who is the beneficiary, complete **Item Numbers 18 - 19**. If you are the beneficiary, proceed to **Part 4**.

18. In addition to providing financial support, I intend to make specific contributions to cover the beneficiary's basic living needs. ☒ Yes ☐ No
19. Describe the specific contributions you will provide to cover the beneficiary's basic living needs. This could include providing safe and appropriate housing; securing employment opportunities, once authorized to work; enrolling in school; and enrolling in any benefits for which he or she is eligible. If you intend to furnish room and board, provide the address where the beneficiary will reside. If you need additional space, use **Part 8. Additional Information**.

I WILL ENSURE THAT I WILL COVER ALL OF MY HUSBANDS BASIC LIVING NEEDS, ASSIST IN SECURING AND MAINTAINING ACTIVE EMPLOYEMENT, CONTINUE TO PROVIDE MEDICAL, DENTAL AND VISION COVERAGE FOR HIM THROUGH MY PLACE OF EMPLOYEMENT. MY HUSBAND WILL RESIDE WITH ME AND OUR CHILDREN AT THE LISTED ADDRESS ABOVE.

**Part 3. Information about the Beneficiary**

Complete **Part 3**, if you are filing this form on behalf of another individual who is the beneficiary. If you are the beneficiary providing financial support for yourself, you do not need to complete **Part 3**. Proceed to **Part 4**.

1. Beneficiary's Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FIGUEROA CRUZ	VICENTE	FRANCISCO

2. Other Names Used

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

3. Date of Birth (mm/dd/yyyy) 4. Sex
- 06/20/1972 ☒ Male ☐ Female

5. Alien Registration Number (A-Number) (if any)

▶ A- 2 3 4 9 3 2 0 9 9

6. Place of Birth

City or Town	State or Province
MICATLAN	MORELOS
Country	
MEXICO	

7. Country of Citizenship or Nationality

MEXICO

**Part 3. Information about the Beneficiary (continued)****8. Marital Status**

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other (Explain):

**9. Beneficiary's Current Mailing Address**

In Care Of Name (if any)

SUZANNE RAYLENE FIGUEROA

Street Number and Name

17040 LINDA LN

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

CONROE

State

TX

ZIP Code

77306

Province

Postal Code

Country

US

**10. Are the beneficiary's mailing address and physical address the same?**

☒ Yes ☐ No

If you answered "No" to Item Number 10., provide the physical address in Item Number 11.

**11. Beneficiary's Current Physical Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

**Beneficiary's Anticipated Length of Stay****12. Beneficiary's Anticipated Period of Stay in the United States**

From (mm/dd/yyyy) 03/10/2025

To (select one):

☐ (mm/dd/yyyy)

☒ No End Date

**Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)**

If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign **Part 4**.

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this section.

**Beneficiary's Statement**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the beneficiary, certify the following:
  - A. ☐ I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
  - B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood everything.
2. ☐ At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

**Beneficiary's Contact Information**

3. Beneficiary's Daytime Telephone Number
4. Beneficiary's Mobile Telephone Number (if any)
5. Beneficiary's Email Address (if any)

**Beneficiary's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my declaration;
- 2) I understood all of the information contained in, and submitted with, my declaration; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.

That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.

That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.

**Beneficiary's Signature**

6. Beneficiary's Signature  Date of Signature (mm/dd/yyyy)



**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary**

If you are filing Form I-134 on behalf of someone else (the beneficiary listed in **Part 3.**), complete and sign **Part 5.**

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this section.

**Statement of Individual Agreeing to Financially Support the Beneficiary**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the individual agreeing to financially support the beneficiary, certify the following:
  - A. ☒ I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
  - B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood
2. ☐ At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

**Contact Information of Individual Agreeing to Financially Support the Beneficiary**

3. Daytime Telephone Number  
9363143612
4. Mobile Telephone Number (if any)  
9363143612
5. Email Address (if any)  
garcia86.sw@gmail.com

**Certification of Individual Agreeing to Financially Support the Beneficiary**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my declaration;
- 2) I understood all of the information contained in, and submitted with, my declaration; and
- 3) All of this information was complete, true, and correct at the time of filing.

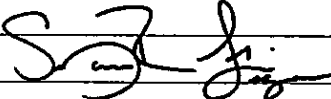
I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.

That this declaration is made by me to assure the U.S. Government that the person named in **Part 3.** will be financially supported while in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 3.** to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.

I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.

**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary (continued)****Signature of Individual Agreeing to Financially Support the Beneficiary**

6. Signature  Date of Signature (mm/dd/yyyy)  
03/10/2025

**NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY:** If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.

**Part 6. Interpreter's Contact Information, Certification, and Signature****Interpreter's Full Name**

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)  
2. Interpreter's Business or Organization Name

**Interpreter's Contact Information**

3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)  
5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and \_\_\_\_\_, and I have interpreted every question on the declaration and Instructions and interpreted the individual agreeing to financially support the beneficiary's answers to the questions in that language, and the individual agreeing to financially support the beneficiary informed me that he or she understood every instruction, question, and answer on the declaration.

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Certification, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary****Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

**Preparer's Contact Information**

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number

5. Preparer's Email Address (if any)

**Preparer's Certification and Signature**

I certify, under penalty of perjury, that I prepared this declaration for the individual agreeing to financially support the beneficiary at his or her request and with express consent and that all of the responses and information contained in and submitted with the declaration are complete, true, and correct and reflects only information provided by the individual agreeing to financially support the beneficiary. The individual agreeing to financially support the beneficiary reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the declaration.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

**Part 8. Additional Information**

If you need extra space to provide any additional information within this declaration, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

2. A-Number (if any) ▶ A-

3. Page Number  Part Number  Item Number

Oviedo, Suzanne Raylene

Silva, Suzanne Raylene

4. Page Number  Part Number  Item Number

5. Page Number  Part Number  Item Number

6. Page Number  Part Number  Item Number

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 9**  
**DHS Deportation Campaign Press Release**





U.S. Department of Homeland Security

# DHS Announces Nationwide and International Ad Campaign Warning Illegal Aliens to Self-Deport and Stay Out

**Release Date:** February 17, 2025

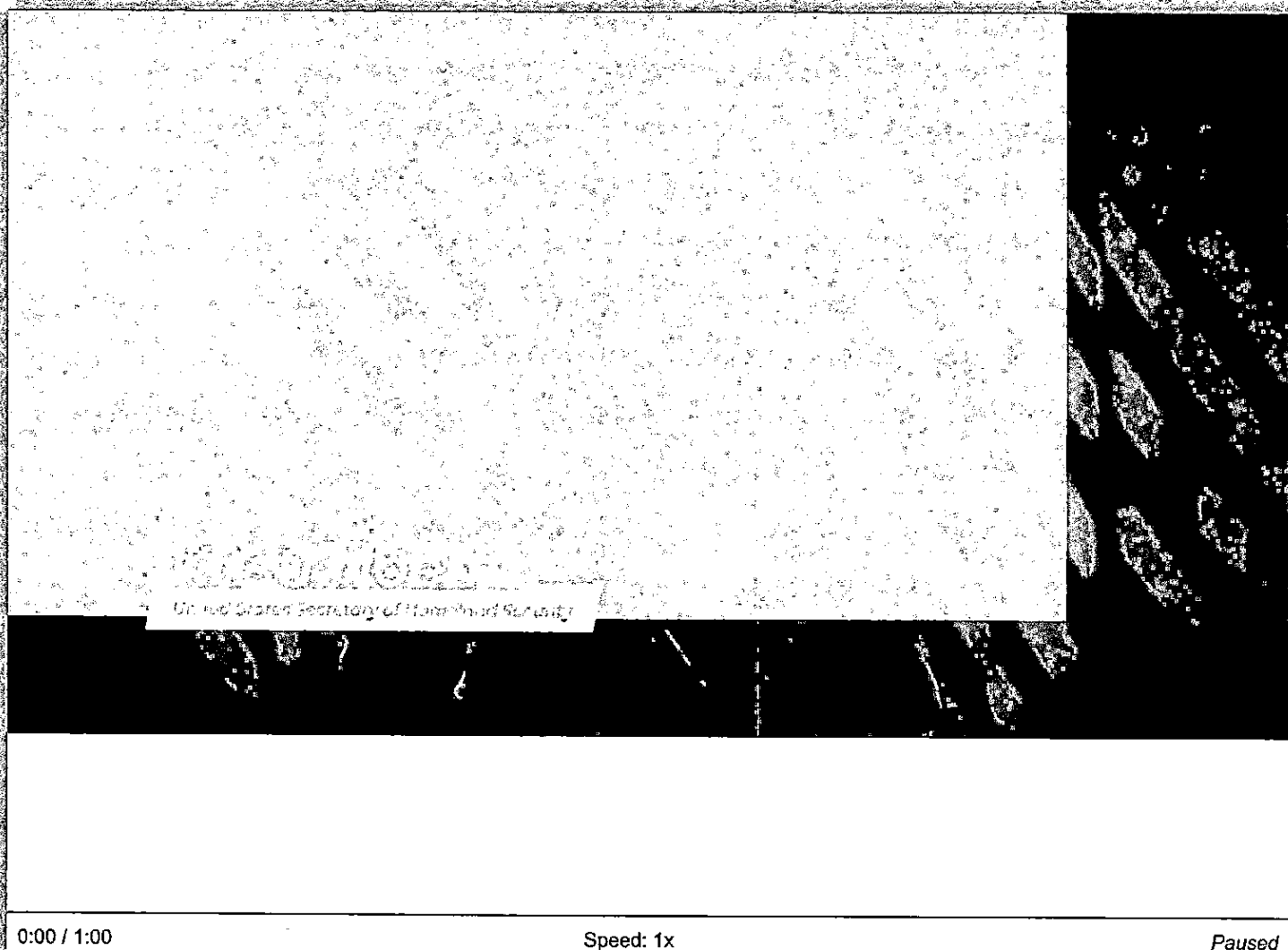
*"Under President Trump, America's borders are closed to lawbreakers." - Secretary Noem*

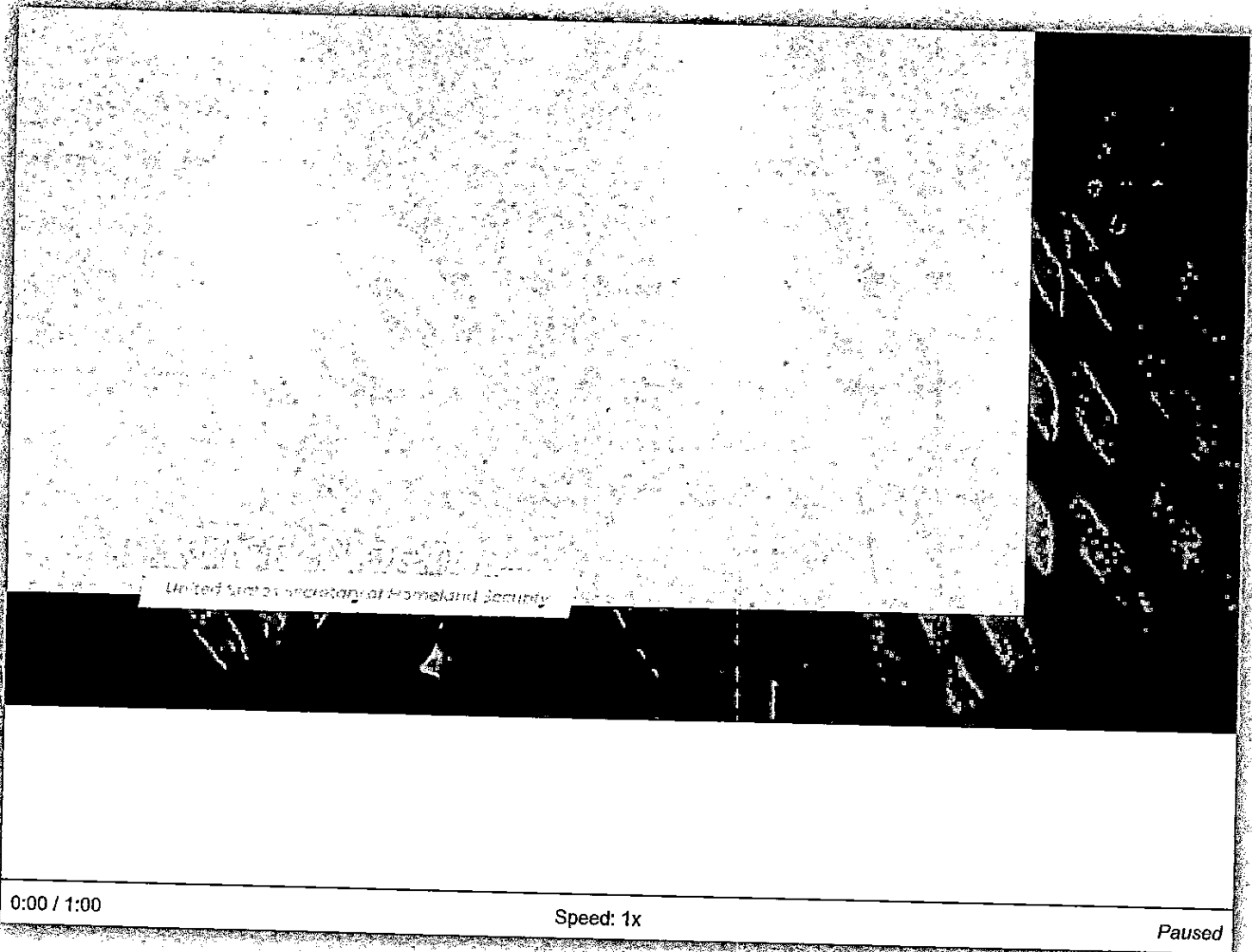
WASHINGTON - Today, Secretary Kristi Noem announced a nationwide and international multimillion-dollar ad campaign warning illegal aliens to leave our country now or face deportation with the inability to return to the United States. The international ads warn criminal illegal aliens not to come to America and break its laws or they will be hunted down and deported.

This series of ads will run on radio, broadcast, and digital, in multiple countries and regions in various dialects. Ads will be hyper-targeted, including through social media, text message and digital to reach illegal immigrants in the interior of the United States, as well as internationally.

*"Thank you, President Donald J. Trump, for securing our border and putting America first. President Trump has a clear message: if you are here illegally, we will find you and deport you. You will never return. But if you leave now, you may have an opportunity to return and enjoy our freedom and live the American Dream," said Secretary Kristi Noem. "If you are a criminal alien considering entering America illegally: Don't even think about it. If you come here and break our laws, we will hunt you down. Criminals are not welcome in the United States."*

## Domestic Ad





[View Original "Warning - International" video \(/medialibrary/assets/videos/58917\)](#)

### Topics

[BORDER SECURITY \(/TOPICS/BORDER-SECURITY\)](#)

[SECRETARY OF HOMELAND SECURITY \(/TOPICS/SECRETARY-HOMELAND-SECURITY\)](#)

[IMMIGRATION AND CUSTOMS ENFORCEMENT \(/TOPICS/IMMIGRATION-AND-CUSTOMS-ENFORCEMENT\)](#)

### Keywords

[BORDER SECURITY \(/KEYWORDS/BORDER-SECURITY\)](#)

[DEPORTATION \(/KEYWORDS/DEPORTATION\)](#)

[SECRETARY KRISTI NOEM \(/KEYWORDS/SECRETARY-KRISTI-NOEM\)](#)

[IMMIGRATION ENFORCEMENT \(/KEYWORDS/IMMIGRATION-ENFORCEMENT\)](#)

Last Updated: 02/18/2025

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 10**  
**CBP One App Announcement**

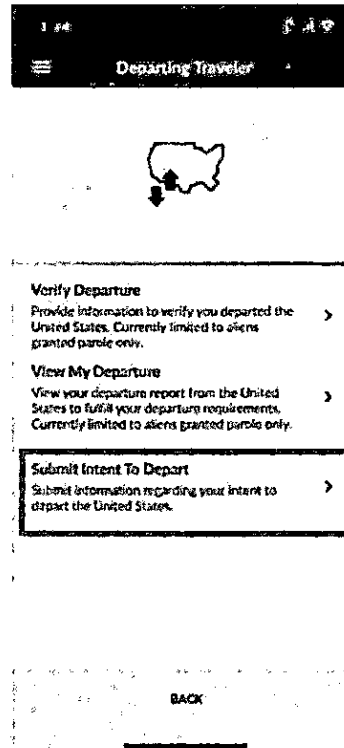


U.S. Department of Homeland Security

# DHS Launches CBP Home App with Self-Deport Reporting Feature

**Release Date:** March 10, 2025

WASHINGTON – Today, Secretary of Homeland Security Kristi Noem announced that the Department of Homeland Security (DHS) is launching the CBP Home app with a self-deportation reporting feature for aliens illegally in the country. Aliens should use the CBP Home mobile phone application to submit their intent to depart as indicated below.



Self-deportation is the safest option for illegal aliens, while preserving law enforcement resources. Not only is it safer, but it also saves U.S. taxpayer dollars and valuable Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE) resources to focus on dangerous criminal aliens.

This self-deportation functionality is part of a larger \$200 million domestic and international [ad campaign](https://links-1.govdelivery.com/CL0/https:%2F%2Fwww.dhs.gov%2Fmedialibrary%2Fassets%2Fvideos%2F58918/1/01000195803ad028-d7ea20b0-e1d4-4f15-bdac-c8f83db80e99-000000/OJtEXem_vreaWkmghBrV/Dx0CmSTkKENG-stYmyklw=395) ([https://links-1.govdelivery.com/CL0/https:%2F%2Fwww.dhs.gov%2Fmedialibrary%2Fassets%2Fvideos%2F58918/1/01000195803ad028-d7ea20b0-e1d4-4f15-bdac-c8f83db80e99-000000/OJtEXem\\_vreaWkmghBrV/Dx0CmSTkKENG-stYmyklw=395](https://links-1.govdelivery.com/CL0/https:%2F%2Fwww.dhs.gov%2Fmedialibrary%2Fassets%2Fvideos%2F58918/1/01000195803ad028-d7ea20b0-e1d4-4f15-bdac-c8f83db80e99-000000/OJtEXem_vreaWkmghBrV/Dx0CmSTkKENG-stYmyklw=395)) encouraging illegal aliens to “Stay Out and Leave Now.”

All CBP One applications will automatically update to the CBP Home app. The new app is also available free across mobile application stores.

A Statement from Secretary Kristi Noem:

*“The Biden Administration exploited the CBP One app to allow more than 1 million aliens to illegally enter the United States. With the launching of the CBP Home app, we are restoring integrity to our immigration system.”*

*“The CBP Home app gives aliens the option to leave now and self-deport, so they may still have the opportunity to return legally in the future and live the American dream. If they don’t, we will find them, we will deport them, and they will never return.”*

## Topics

[BORDER SECURITY \(/TOPICS/BORDER-SECURITY\)](#)

## Keywords





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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 11**  
**Detention and Deportation Policy Statement**

NATIONAL

# President Trump brings back practice of detaining families together

MARCH 7, 2025 5:15 PM ET

 Ximena Bustillo



A security guard poses during a media tour of the Port Isabel Detention Center hosted by ICE in Los Fresnos, Texas in 2024. The Trump administration seeks to reopen family detention centers in the state.

*Veronica G. Cardenas/POOL/AFP via Getty Images*

The Trump administration has brought back the practice of detaining families with children as a part of an effort to crack down on immigration.

The Department of Homeland Security is reopening the Karnes and Dilley detention centers in Texas and retrofitting them for families.

Families have already been sent to the detention center in Karnes City, in southeastern Texas, DHS said. The Biden administration largely ended the practice of family detention, using the facilities to hold adults instead.

President Trump detained families during his first term in an effort to deter migration through the southern border. The George W. Bush and Obama administrations also did so, and former President Joe Biden briefly considered it.

"The bottom line is that these individuals have final deportations orders from federal judges. This Administration is not going to ignore the rule of law,"

Tricia McLaughlin, spokesperson at DHS, said in a statement. "The best option for illegal aliens is to self deport. If they leave now, they may still have an opportunity to return and live the American dream."

U.S. Immigration and Customs Enforcement, the DHS agency that processes people for deportation, has been particularly constrained since the start of the administration in finding enough people to arrest and detain those without legal status. Its 20 field offices have been tasked with a quota of at least 75 arrests

NATIONAL

**Biden may revive detention of migrant families caught crossing the border illegally**

per day, despite limited staffing – even as the agency struggles to find space to hold those placed in detention.

## **Advocates warn of harms**

Immigration advocates have been quick to denounce the move of boosting detention of families, primarily for its effect on children.



**NATIONAL  
ICE is making  
more arrests,  
but critics say  
some claims  
don't add up**

"Detention is harmful and traumatic for everyone, but especially children," Setareh Ghandehari, advocacy director of the Detention Watch Network, said in a statement. The group aims to end the practice of immigrant detention.

"Families should be able to navigate their immigration cases in [the] community with support services provided and facilitated by local community based groups."

Sponsor Message

Critics said such detentions, including at these newly reopened facilities, resulted in the death, abuse and psychological harm of children.

"No child seeking safety should be held behind bars, period," said Amy Fischer, director of refugee and migrant rights at Amnesty International USA.

During the Trump administration's first term, children of migrants were separated from their parents and held in detention centers in an effort to deter more illegal migration. The move prompted widespread criticism, including from some Republicans.



The policy was ultimately reversed, although some 1,000 children taken from their parents at the border still have not been reunited with their families as of early 2024.



POLITICS

**Trump's border czar will be in White House, not an agency. Here's why that matters**

Tom Homan, seen as one of the architects of that policy, is now Trump's "border czar" but before inauguration pledged that he would aim to deport families together in a humane way.

## **Private contractor expects "growing" government needs**

The facility in Dilley reopened under an agreement between CoreCivic, a private prison company, and ICE to resume operations and hold up to 2,400 individuals. CoreCivic said in a statement that it had managed the facility from 2014 until the contract ran out in August 2024. The new contract, which expires in 2030, is expected to reach annual revenue of \$180 million.

"We are entering a period when our government partners — particularly our federal government partners — are expected to have increased demand," Damon Hininger, CoreCivic's CEO, said in a statement. "We anticipate continued robust contracting activity throughout 2025 that will help meet their growing needs."

The administration has been using CoreCivic contracts, as well as the Federal Bureau of Prisons, to increase its detention capacity.

Facilities in New Jersey, Ohio, Nevada, Oklahoma and Mississippi have expanded contracts with ICE since Trump started his second term.



**NATIONAL  
ICE will reopen  
a major  
detention  
center in New  
Jersey as it  
eyes a broader  
expansion**

**60 MINUTES - NEWSMAKERS**

# Trump's mass deportation plan for undocumented immigrants could cost billions a year

**60**

By Cecilia Vega

October 27, 2024 / 7:44 PM EDT / CBS News

With nine days until Election Day, former President Trump has stepped up his attacks on the Biden-Harris administration's record on illegal immigration and pledged that, if elected, he'll conduct the largest deportation in American history.

There are more than 10 million undocumented immigrants living in the United States, about 3% of the population. Nearly 80% of them have lived in the country for a decade or more.

How realistic is this mass deportation campaign promise? What would be the human and financial cost?

We took these questions to one of the people Donald Trump has said would join him if he wins a second term – Tom Homan... who led immigration enforcement during the first Trump administration when thousands of migrant children were separated from their parents at the border.

- The blueprint of Trump's deportation plan: A questionable approach by Eisenhower

Tom Homan: I hear a lot of people say, you know, the talk of a mass deportation is racist. It's-- it's-- it's threatening to immigrant community. It's not threatening to the immigrant community. It should be threatening to the illegal immigrant community. But on the heels of [a] historic illegal immigration crisis. That has to be done.

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02:00

At the Republican National Convention this summer... Tom Homan, a Fox News contributor, was the proud pitchman of mass deportation...

*Tom Homan speaking at the RNC: I got a message to the millions of illegal aliens that Joe Biden's released in our country. You better start packing now.*

Over three decades, he worked his way up from border patrolman to acting director of Immigration and Customs Enforcement – the agency known as "ICE" -- during the first year and a half of the Trump administration.



Tom Homan

60 MINUTES

This election cycle, former President Trump has mentioned mass deportation at nearly every rally...

*Donald Trump: We will begin the largest deportation operation in the history of our country because we have no choice*

Cecilia Vega: What would the largest deportation in American history look like to you?

Tom Homan: Well, lemme tell you what it's not going to be first. It's not gonna be-- a mass sweep of neighborhoods. It's not gonna be building concentration camps. I've read it all. It's ridiculous.

Cecilia Vega: But if mass deportation is not going to be, as you said, massive sweeps and concentration camps

Tom Homan: It'll be concentrated

Cecilia Vega: What is it?

Tom Homan: They'll be targeted arrests. We'll know who we're going to arrest, where we're most likely to find 'em based on numerous inve-- you know, investigative processes.

- Trump vows to deport millions. Would it mean family separations?

Trump's top immigration advisor Stephen Miller told a conservative audience that deportees would be removed from the country in a massive military air operation...

*Stephen Miller : So you grab illegal immigrants and then you move them to the staging ground and that's where the planes are waiting for federal law enforcement to then move those illegals home. You deputize the National Guard to carry out immigration enforcement*

Cecilia Vega: Stephen Miller said that this will involve large-scale raids.

Tom Homan: He-- I-- I don't use the term "raids," but you're probably talking about work-site enforcement operations-- which this administration pretty much stopped

Cecilia Vega: Workplace enforcement, that's a roundup.

Tom Homan: And that's gonna be necessary. Work-site enforcement operations just not about people who's working illegally in the country and companies that hire 'em that's gonna undercut their competition that has U.S. citizen employees. It's where we find a lot of trafficking cases you know, women and children who are forced into forced labor to pay off their smuggling fees.

A study by the American Immigration Council found that mass deportation could result in the removal of millions of construction, hospitality and agriculture workers-- reducing the GDP by \$1.7 trillion.

Cecilia Vega: Can you just limit it to criminals and national security threat though?

Tom Homan: If I'm in charge of this, my priorities are public safety threats and national security threats first.

Cecilia Vega: First implies others follow, though, right?

Tom Homan: Absolutely.

Cecilia Vega: So game that out for me. What's the scenario

Tom Homan: It's not OK to enter a country illegally, which is a crime. That's what drives illegal immigration, when there's no consequences. The Biden-Harris administration has proven this, You can get to the border, turn yourselves in, get released within 24 hours

Cecilia Vega: So you are carrying out a targeted enforcement operation. Grandma's in the house. She's undocumented. Does she get arrested too?



Tom Homan: It depends

Cecilia Vega: Which

Tom Homan: Let-- let the judge decide. We're gonna remove people that-- a judge's order deported.

Homan's suggestion that grandma might face arrest would mark a major shift in policy. Under President Biden, ICE is mostly targeting those deemed national security or public safety threats — and people who just crossed the border illegally.

- Mass deportation would come with hefty bill, require more manpower, immigration experts say

The majority of the 4 million deportations carried out by the Biden administration have occurred at the southern border, where an unprecedented influx of migrants created scenes of chaos, a humanitarian crisis and one of Vice President Harris' biggest political vulnerabilities.

Homan says mass deportation is the solution.

Cecilia Vega: How many people would be deported?

Tom Homan: That's-- that's-- you can't answer that question.

Cecilia Vega: Why not?

Tom Homan: How many officers do I have?

Cecilia Vega: Is there a written plan on this?

Tom Homan: Not that I know of.

Cecilia Vega: If there's no memo, if there's no plan, is this fully baked?

Tom Homan: We've done it before.

Cecilia Vega: But not-- a deportation of this scale.

Tom Homan: ICE is very good at these operations. This is what they do

To see what they do, we went to Silver Spring, Maryland, a suburb of Washington, DC, where earlier this month, ICE agents gathered in a parking lot before dawn ...



Cecilia Vega and Matt Elliston

60 MINUTES

It's what ICE does every day... and has been doing for many years.

Their task this morning-- locate and arrest undocumented immigrants with criminal histories including assault, robbery, drug and gun convictions...

... identified by ICE as a threat to public safety

Matt Elliston, director of ICE's Baltimore field office, told us the goal was to catch the first target by surprise..

Cecilia Vega: You've been f-- watchin' him? He-- you know-- you know his routine?

Matt Elliston: Yeah, we know his routine. We've been watchin' him for a couple days.

- Examining the mass deportation Trump vows to carry out if he wins the election

Sure enough, a white van soon appeared to pick him up. But they didn't get very far...

The man they arrested was a 24-year-old Guatemalan with an assault conviction, who had been ordered deported by a judge five years ago.

The ICE agents discovered that the driver of the van was also in the country illegally. They told us he'd been deported once before.

Matt Elliston: He has no criminal record. He was picking up his employee to go to work. It doesn't make sense to waste a detention bed on someone like that when we have other felons to go out and get today.

Cecilia Vega: A lotta folks might hear you and say like, "Hold on, you've got an undocumented immigrant who comes face-to-face with ICE, who's responsible for deporting folks from this country, and you let him go?"

Matt Elliston: We utilize immigration law to enhance public safety. It's not to just aimlessly arrest anyone we come across, right? We do targeted enforcement at ICE.

It took a team of more than a dozen officers 7 hours to arrest six people .... and that doesn't include the many hours spent searching for them.

Cecilia Vega: So how would it even be possible then for ICE to arrest a million people in this country if that mass deportation plan were to take effect?

Matt Elliston: I could say here in Maryland, we would never be able to resource or find th-- find that amount of detention, which would be our biggest challenge. Right? And just the amount of money that that would cost in order to detain everybody-- you know, it be, you know, at-- at the Department of Defense level of financing.

Jason Houser: It's insane to think about it at this sort of scale.:

Jason Houser, ICE chief of staff during the first two years of the Biden administration, says it costs \$150 a night to detain people like those we saw arrested. The average stay as they await deportation is 46 days. One deportation flight can cost a quarter of a million dollars. And that assumes the home country will accept them.... Many like Cuba and Venezuela rarely do.

Cecilia Vega: ICE currently has some 6,000 law enforcement agents. How much manpower would it take to arrest and deport a million people?

Jason Houser: You're talking, 100,000 official officers, police officers, detention officers, support staff, management staff

Trump adviser Stephen Miller has said staff could come from other government agencies like the DEA.

Jason House: The idea that you're going to take the FBI, or the Marshal Service, or the Bureau of Prisons, or the Security Service, or FEMA off of their mission sets that protect-- and protect our communities will not make us safer.

Immigration enforcement requires specialized training and language skills that most military and law enforcement officers don't have.

Cecilia Vega: There's this discussion out there that makes it sound like it's just an easy swap.

Matt Elliston: It is not an easy swap. So-- what I can tell you in, from the Immigration and Nationality Act, immigration law is second to the U.S. tax code in complexity



60 MINUTES

Cecilia Vega: We have seen one estimate that says it would cost \$88 billion to deport a million people a year.

Tom Homan: I don't know if that's accurate or not.

Cecilia Vega: Is that what American taxpayers should expect?

Tom Homan: What price do you put on national security? Is it worth it?

Cecilia Vega: Is there a way to carry out mass deportation without separating families?

Monica Camacho Perez and her family worry about that. They have lived and worked in the country since coming illegally from Mexico more than 20 years ago.

Cecilia Vega: What scares you the most?

Monica Camacho: I think of-- of my nieces and my nephews that they're gonna get separated from their parents.

They made a life in Baltimore where Monica, who's 30, teaches English as a second language.

Monica Camacho Perez: We are a normal family, like anybody else, right? We go to church. We work, every day. We pay taxes

She's among the more than 500,000 undocumented immigrants brought to the country as children who are protected from deportation under the Deferred Action for Childhood Arrivals program- known as DACA.



Cecilia Vega with Monica Camacho Perez and her family

60 MINUTES

Monica Camacho Perez: I'm the only one right now that's, like, protected, while my parents are not, my brothers are not. My brothers have-- children that are born here. So if they were to get deported, what will happen to their kids.

Although I have my life here, I think that I would take the decision to go back with my parents to take care of them.

Cecilia Vega: You would?

Monica Camacho Perez: Yes.

Cecilia Vega: You own a home here. This is the city you grew up in.

Monica Camacho Perez: But...They're also part of my American dream. And I can't imagine living here without them.

Like Monica's nieces and nephews...more than 4 million U.S.-born children live with an undocumented parent.

Cecilia Vega: Why should a child who is an American citizen have to pack up and move to a country that they don't know?

Tom Homan: 'Cause their parent absolutely entered the country illegally, had a child knowing he was in the country illegally. So he created that crisis

While Homan ran ICE -- in what became one of the most controversial policies of the Trump administration-- at least 5,000 migrant children were forcibly separated from their parents, who were prosecuted for crossing the border illegally.

Cecilia Vega: You've been called the "father of Trump's family separation policy." How does that sit with you?

Tom Homan: Not true. I didn't write the memorandum to separate families. I signed the memo. Why'd I sign the memo? I was hopin' to save lives. While you and I are talkin' right now, a child's gonna die in the border. So we thought, maybe if we prosecute people, they'll stop comin'.

And if Trump wins a second term?

Tom Homan: I don't know of any formal policy where they're talkin' about family separations.

Cecilia Vega: Should it be on the table?

Tom Homan: It needs to be considered, absolutely.

Cecilia Vega: Do you think a mass deportation plan would deter other people from coming to this country illegally?

Monica Camacho Perez: No, I don't think so. Regardless, people are still going to try to come for a better life.



*The following is the full transcript of an interview with Tom Homan, President-elect Donald Trump's border czar, on "Face the Nation with Margaret Brennan" that aired on Jan. 5, 2025.*

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MARGARET BRENNAN: We go now to Tom Homan. He will serve as Mr. Trump's border czar and he joins us this morning from Naples, Florida. Good morning to you, sir.

TOM HOMAN: Good morning.

MARGARET BRENNAN: Deportations are now at a decade high. They were at the end of 2024. Nearly 300,000 people deported by the Biden administration. The incoming administration has promised the largest deportation operation in history. What's the number? What's the measure of success?

TOM HOMAN: Well, let's talk about this administration. What they claim is a huge deportation number this year. Actually, if you drill in- drill into the numbers, about 80% of those numbers were actually Border Patrol arrests that the Enforcement and Removal Operations of ICE processed and moved back across the border. They weren't interior enforcement arrests. If you look at the historic number of illegal entries the last four years, ICE, Immigration Customs Enforcement, has the lowest number of deportations in the history of the agency. So they're playing a numbers game. Just like they play the numbers game the number of people come across the border. So even though they claim we got the highest number of deportations, look at those deportation, who actually made those arrests, who actually removed those people? It's not ICE.

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MARGARET BRENNAN: Okay. It's still a higher number than the Trump administration. But I want to ask you, for the incoming Trump administration, what's- what's the measure? It is not deportations at the border. You're saying you are going to measure success by people who are already internal in the country to deport. That's how you're going to measure it. And what's that figure?

TOM HOMAN: Well, again, let's get the numbers straight. You say they're higher than Trump administration. This isn't about how many get deported, because Trump had illegal border crossings at a 45 year low. So, of course, removal is going to be lower. The number is how many were released into the United States that are now in the country illegally. Under the Biden administration, we have millions of people released in United States who have lost their hearings, and we have millions of people that are released in United States despite a statute saying that you cannot be released in the United States without proper documentation, you shall be detained. So you can compare the numbers of deportations under Trump versus Biden. But is it- when you can when you consider a 45 year low in crossings, of course, the number of deportations's going to be lower because we don't have that- that population to process and deport.

MARGARET BRENNAN: Okay. Well, I'm just trying to measure success going forward for day one. Can you help us understand what the plan is? You know, a number of industries in this country hire undocumented workers because they are cheap labor. On day one, are you going to restart raids on work sites, on construction sites?

TOM HOMAN: The- President Trump has been clear, as I've been clear from day one, the president is going to concentrate on public safety threats and national security threats. And have you heard from your previous segments, we have a huge national security issue in this country. The Southwest border has become the biggest national security vulnerability we've seen in this nation. FBI Director Wray agrees with me. We know there's people in this country who oppose the national security threat. They've arrested a record number of people on terrorist watch lists, a 3500% increase in people on the terrorist watch list being arrested at the border. We got over 2 million known gotaways. We know 2 million people crossed the border, weren't arrested, weren't vetted, weren't fingerprinted. So you gotta ask yourself, why did 2 million people pay more to get away? Why didn't they pay less, turn themselves into border patrol, get a free airline ticket to the city of their choice, get a free hotel room, get three meals a day, get free medical care. Why did—

MARGARET BRENNAN: I'm- I'm not disputing that it is a hemisphere wide crisis. We're talking about how you're going to deal with it. That's why I'm asking you, when you say criminals, does that mean you are going to go into al- already existing prisons at local level and deport people who are in those prisons? Are you going to go to work forces? I mean, how do you know where the criminals are, I guess, is the question? And if they're working at a work site, are you going to show up to surprise them?

TOM HOMAN: Well, look, we know where a lot of the criminals are. ICE- ICE does. They're great at this work. We know where some are, but they simply haven't been able to go arrest them, because the Secretary Mayorkas priorities, it handcuffed ICE. So we know where a lot of criminals are, they- they've been- been prevented from arresting that we're going to arrest starting day one. As far as being in jails and prisons, we would love to work in local jails, but sanctuary cities won't allow us into those jails. It's much easier to arrest a public safety threat in the safety and security of a public jail than out in the street, because the officer is safer that way, the alien's safer that way, the community is safer that way. But sanctuary cities who continue to release public safety threats back in the community to the immigrant community, it puts that community at greater risk of crime. And- and- and here's what's going to happen, when we go to the community and find that person, find that criminal alien, it's probably going to be with others. Others we'll have to arrest. So it's not safe for the community, not safe for the officers, not safe for anybody. Let us arrest a bad guy in the jail cell where you chose to arrest somebody and put him in the jail cell because obviously he's a public safety threat.

MARGARET BRENNAN: Okay. What you just said in there, it sounded like you were talking about collateral arrests. So you're going to target people you know are criminals, but if they happen to be living in a house where

there are other undocumented people. You're going to sweep them up. That's what I think you were just saying there. I wonder how you're going to parse out some of those collateral arrests. For example, will Dreamers be protected? Donald Trump has said he wants to work with Democrats to protect them and give them status. That takes a long time in Congress. What do you do in the meantime? How do you make sure they're not caught up in a dragnet?

TOM HOMAN: Look, every- every- every person ICE arrests, they do what we call fugitive operations spreadsheet. They know exactly who they're going to arrest. They know exactly where they're probably likely to find them, and they have a lot of information on that arrest. Other people that are there that may be illegal, they'll handle by case-by-case basis. The concentration- I want to be clear on some public safety threats. If more agents in the jails means less agents in the neighborhood, that's why I'm pleading with sanctuary cities, let us in the jail to arrest the bad guy. That way you're not forcing in the community. So- you know, if you go to an immigrant community and ask them, would you rather have ICE operating in your local jails? Would you want them in the community? What do you think they're going to say? They don't- they don't want bad- bad criminal aliens in their neighborhoods either. So let us work with the jails. Let us work with law enforcement. Sanctuary cities are not safe for this- for the immigrant community, not safe for our officers.

MARGARET BRENNAN: Okay, so that's like, Secure Communities act- kind of- kind of action. But then where do you send people? Because some of these countries, like Venezuela, don't accept deportations right now. Mexico's president indicated her country might be willing to receive non-Mexican migrants who are deported. How does that work? Does the U.S. pay Mexico to then ship those people off somewhere else?

TOM HOMAN: Well, first of all, we got President Trump coming to the Oval Office, and he's proven during his first administration, his- his leadership on illegal immigration was a game changer, because, for instance, El Salvador wouldn't take back MS-13 members when I was the ICE Director. It took President Trump 48 hours to get El Salvador to take back their criminal aliens into their prisons. And Mexico didn't want to do the Remain in Mexico program. But President Trump was able to get Remain in Mexico- Remain in Mexico established in Mexico. He was able to get Mexico put military on the southern and northern border. President Trump's a strong president. This administration has not forced these countries to take them back, and we have what we call third safe country. We already have countries talking about taking back people from other countries if- if for instance, Venezuela don't take their people back. There's other ways we can do it. There's other countries be willing to accept them. We're hoping that President Trump will work with Venezuela and like he did with Mexico and El Salvador, and get these countries take them back. If they don't, they're still gonna be deported. They're just gonna be deported to a different country. We're not gonna be held up on removing public safety trust in this country. We gotta put- we gotta put the safety of the American people first. We've had too many young women murdered and raped and burned alive by members of Venezuelan gangs. They need to be a priority under this administration. They're gonna be a priority starting day one, and they will be deported.

MARGARET BRENNAN: We will stay tuned for the details. Borders czar Tom Homan, thank you for your time. We'll be back in a moment.

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 12**  
**EO 14157 - Cartel Terrorist Designation**

## Presidential Documents

Executive Order 14157 of January 20, 2025

### Designating Cartels and Other Organizations as Foreign Terrorist Organizations and Specially Designated Global Terrorists

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Immigration and Nationality Act (INA), 8 U.S.C. 1101 *et seq.*, the International Emergency Economic Powers Act (IEEPA), 50 U.S.C. 1701 *et seq.* it is hereby ordered:

**Section 1. Purpose.** This order creates a process by which certain international cartels (the Cartels) and other organizations will be designated as Foreign Terrorist Organizations, consistent with section 219 of the INA (8 U.S.C. 1189), or Specially Designated Global Terrorists, consistent with IEEPA (50 U.S.C. 1702) and Executive Order 13224 of September 23, 2001 (Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten to Commit, or Support Terrorism), as amended.

(a) International cartels constitute a national-security threat beyond that posed by traditional organized crime, with activities encompassing:

(i) convergence between themselves and a range of extra-hemispheric actors, from designated foreign-terror organizations to antagonistic foreign governments;

(ii) complex adaptive systems, characteristic of entities engaged in insurgency and asymmetric warfare; and

(iii) infiltration into foreign governments across the Western Hemisphere.

The Cartels have engaged in a campaign of violence and terror throughout the Western Hemisphere that has not only destabilized countries with significant importance for our national interests but also flooded the United States with deadly drugs, violent criminals, and vicious gangs.

The Cartels functionally control, through a campaign of assassination, terror, rape, and brute force nearly all illegal traffic across the southern border of the United States. In certain portions of Mexico, they function as quasi-governmental entities, controlling nearly all aspects of society. The Cartels' activities threaten the safety of the American people, the security of the United States, and the stability of the international order in the Western Hemisphere. Their activities, proximity to, and incursions into the physical territory of the United States pose an unacceptable national security risk to the United States.

(b) Other transnational organizations, such as Tren de Aragua (TdA) and La Mara Salvatrucha (MS-13) pose similar threats to the United States. Their campaigns of violence and terror in the United States and internationally are extraordinarily violent, vicious, and similarly threaten the stability of the international order in the Western Hemisphere.

(c) The Cartels and other transnational organizations, such as TdA and MS-13, operate both within and outside the United States. They present an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. I hereby declare a national emergency, under IEEPA, to deal with those threats.

**Sec. 2. Policy.** It is the policy of the United States to ensure the total elimination of these organizations' presence in the United States and their ability to threaten the territory, safety, and security of the United States

through their extraterritorial command-and-control structures, thereby protecting the American people and the territorial integrity of the United States.

**Sec. 3. Implementation.** (a) Within 14 days of the date of this order, the Secretary of State shall take all appropriate action, in consultation with the Secretary of the Treasury, the Attorney General, the Secretary of Homeland Security, and the Director of National Intelligence, to make a recommendation regarding the designation of any cartel or other organization described in section 1 of this order as a Foreign Terrorist Organization consistent with 8 U.S.C. 1189 and/or a Specially Designated Global Terrorist consistent with 50 U.S.C. 1702 and Executive Order 13224.

(b) Within 14 days of the date of this order, the Attorney General and the Secretary of Homeland Security shall take all appropriate action, in consultation with the Secretary of State, to make operational preparations regarding the implementation of any decision I make to invoke the Alien Enemies Act, 50 U.S.C. 21 *et seq.*, in relation to the existence of any qualifying invasion or predatory incursion against the territory of the United States by a qualifying actor, and to prepare such facilities as necessary to expedite the removal of those who may be designated under this order.

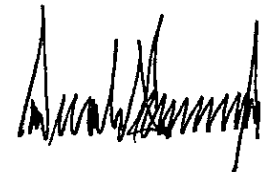
**Sec. 4. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.



THE WHITE HOUSE,  
January 20, 2025.



**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 13**  
**Presidential Proclamation 10903**

Federal Register

Vol. 90, No. 53

Thursday, March 20, 2025

## Presidential Documents

Title 3—

Proclamation 10903 of March 14, 2025

The President

**Invocation of the Alien Enemies Act Regarding the Invasion of the United States by Tren de Aragua**

By the President of the United States of America

### A Proclamation

Tren de Aragua (TdA) is a designated Foreign Terrorist Organization with thousands of members, many of whom have unlawfully infiltrated the United States and are conducting irregular warfare and undertaking hostile actions against the United States. TdA operates in conjunction with *Cártel de los Soles*, the Nicolas Maduro regime-sponsored, narco-terrorism enterprise based in Venezuela, and commits brutal crimes, including murders, kidnappings, extortions, and human, drug, and weapons trafficking. TdA has engaged in and continues to engage in mass illegal migration to the United States to further its objectives of harming United States citizens, undermining public safety, and supporting the Maduro regime's goal of destabilizing democratic nations in the Americas, including the United States.

TdA is closely aligned with, and indeed has infiltrated, the Maduro regime, including its military and law enforcement apparatus. TdA grew significantly while Tareck El Aissami served as governor of Aragua between 2012 and 2017. In 2017, El Aissami was appointed as Vice President of Venezuela. Soon thereafter, the United States Department of the Treasury designated El Aissami as a Specially Designated Narcotics Trafficker under the Foreign Narcotics Kingpin Designation Act, 21 U.S.C. 1901 *et seq.* El Aissami is currently a United States fugitive facing charges arising from his violations of United States sanctions triggered by his Department of the Treasury designation.

Like El Aissami, Nicolas Maduro, who claims to act as Venezuela's President and asserts control over the security forces and other authorities in Venezuela, also maintains close ties to regime-sponsored narco-terrorists. Maduro leads the regime-sponsored enterprise *Cártel de los Soles*, which coordinates with and relies on TdA and other organizations to carry out its objective of using illegal narcotics as a weapon to "flood" the United States. In 2020, Maduro and other regime members were charged with narcoterrorism and other crimes in connection with this plot against America.

Over the years, Venezuelan national and local authorities have ceded ever-greater control over their territories to transnational criminal organizations, including TdA. The result is a hybrid criminal state that is perpetrating an invasion of and predatory incursion into the United States, and which poses a substantial danger to the United States. Indeed, in December 2024, INTERPOL Washington confirmed: "Tren de Aragua has emerged as a significant threat to the United States as it infiltrates migration flows from Venezuela." Evidence irrefutably demonstrates that TdA has invaded the United States and continues to invade, attempt to invade, and threaten to invade the country; perpetrated irregular warfare within the country; and used drug trafficking as a weapon against our citizens.

Based upon a review of TdA's activities, and in consultation with the Attorney General and the Secretary of the Treasury, on February 20, 2025, acting pursuant to the authority in 8 U.S.C. 1189, the Secretary of State designated TdA as a Foreign Terrorist Organization.

As President of the United States and Commander in Chief, it is my solemn duty to protect the American people from the devastating effects of this invasion. NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States of America, by the authority vested in me by the Constitution and the laws of the United States of America, including the Alien Enemies Act, 50 U.S.C. 21 *et seq.*, hereby proclaim and direct as follows:

**Section 1.** I find and declare that TdA is perpetrating, attempting, and threatening an invasion or predatory incursion against the territory of the United States. TdA is undertaking hostile actions and conducting irregular warfare against the territory of the United States both directly and at the direction, clandestine or otherwise, of the Maduro regime in Venezuela. I make these findings using the full extent of my authority to conduct the Nation's foreign affairs under the Constitution. Based on these findings, and by the authority vested in me by the Constitution and the laws of the United States of America, including 50 U.S.C. 21, I proclaim that all Venezuelan citizens 14 years of age or older who are members of TdA, are within the United States, and are not actually naturalized or lawful permanent residents of the United States are liable to be apprehended, restrained, secured, and removed as Alien Enemies. I further find and declare that all such members of TdA are, by virtue of their membership in that organization, chargeable with actual hostility against the United States and are therefore ineligible for the benefits of 50 U.S.C. 22. I further find and declare that all such members of TdA are a danger to the public peace or safety of the United States.

**Sec. 2.** I direct the Attorney General, within 60 days of the date of this proclamation, to prepare and publish a letter under her signature declaring the policy described in section 1 of this proclamation as the policy of the United States and attaching this proclamation. I direct the Attorney General to transmit this letter to the Chief Justice of the United States, the chief judge of every circuit court of appeals, the chief judge of every district and territorial court of the United States, each Governor of a State and territory of the United States, and the highest-ranking judicial officer of each State and territory of the United States.

**Sec. 3.** I direct that all Alien Enemies described in section 1 of this proclamation are subject to immediate apprehension, detention, and removal, and further that they shall not be permitted residence in the United States.

**Sec. 4.** Pursuant to the Alien Enemies Act, the Attorney General and the Secretary of Homeland Security shall, consistent with applicable law, apprehend, restrain, secure, and remove every Alien Enemy described in section 1 of this proclamation. The Secretary of Homeland Security retains discretion to apprehend and remove any Alien Enemy under any separate authority.

**Sec. 5.** All executive departments and agencies (agencies) shall collaborate with law enforcement officials of the United States and with appropriate State, local, and tribal officials, to use all lawful means to apprehend, restrain, secure, and remove Alien Enemies described in section 1 of this proclamation.

**Sec. 6.** Pursuant to my authority under 50 U.S.C. 21 to direct the conduct to be observed on the part of the United States toward the Alien Enemies subject to this proclamation, to direct the manner and degree of the restraint to which such Alien Enemies shall be subject and in what cases, to provide for the removal of such Alien Enemies, and to establish any other regulations which are found necessary "in the premises and for the public safety," I hereby direct the Attorney General and the Secretary of Homeland Security to execute all the regulations hereinafter contained regarding the Alien Enemies described in section 1 of this proclamation. The Attorney General and the Secretary of Homeland Security are further directed to cause the apprehension, detention, and removal of all members of TdA who otherwise qualify as Alien Enemies under section 1 of this proclamation. The Attorney General and the Secretary of Homeland Security are authorized to take

all necessary actions under the Alien Enemies Act to effectuate this proclamation, consistent with applicable law. In doing so, and for such purpose, they are authorized to utilize agents, agencies, and officers of the United States Government and of the several States, territories, dependencies, and municipalities thereof and of the District of Columbia. All such agents, agencies, and officers are hereby granted full authority for all acts done by them in the execution of such regulations when acting by direction of the Attorney General or the Secretary of Homeland Security, as the case may be.

Pursuant to the authority vested in me by the Constitution and the laws of the United States of America, including the Alien Enemies Act, 50 U.S.C. 21 *et seq.*, I hereby declare and establish the following regulations which I find necessary "in the premises and for the public safety":

(a) No Alien Enemy described in section 1 of this proclamation shall enter, attempt to enter, or be found within any territory subject to the jurisdiction of the United States. Any such Alien Enemy who enters, attempts to enter, or is found within such territory shall be immediately apprehended and detained until removed from the United States. All such Alien Enemies, wherever found within any territory subject to the jurisdiction of the United States, are subject to summary apprehension.

(b) Alien Enemies apprehended pursuant to this proclamation shall be subject to detention until removed from the United States in such place of detention as may be directed by the officers responsible for the execution of these regulations.

(c) Alien Enemies shall be subject to removal to any such location as may be directed by the officers responsible for the execution of these regulations consistent with applicable law.

(d) All property in the possession of, or traceable to, an Alien Enemy, which is used, intended to be used, or is commonly used to perpetrate the hostile activity and irregular warfare of TdA, along with evidence of such hostile activity and irregular warfare, shall be subject to seizure and forfeiture.

The Attorney General is further granted authority, pursuant to the Alien Enemies Act and 3 U.S.C. 301, in consultation with the Secretary of Homeland Security, to issue any guidance necessary to effectuate the prompt apprehension, detention, and removal of all Alien Enemies described in section 1 of this proclamation. Any such guidance shall be effective immediately upon issuance by the Attorney General.

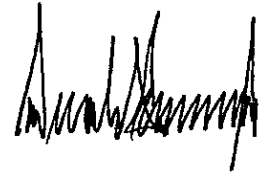
This proclamation and the directives and regulations prescribed herein shall extend and apply to all land and water, continental or insular, in any way within the jurisdiction of the United States.

13036

Federal Register / Vol. 90, No. 53 / Thursday, March 20, 2025 / Presidential Documents

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IN WITNESS WHEREOF, I have hereunto set my hand this fourteenth day of March, in the year of our Lord two thousand twenty-five, and of the Independence of the United States of America the two hundred and forty-ninth.

A handwritten signature in black ink, appearing to be "Donald Trump", located in the upper right portion of the page.

[FR Doc. 2025-04865  
Filed 3-19-25; 8:45 am]  
Billing code 3395-F4-P

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 14**  
**U.S. Consulate Safety Alert**  
**March 10, 2025**

SOUTH TEXAS / EL PASO (CHANGE) &gt; | MARCH 10, 2025



A "Welcome to Mexico" sign in Reynosa, Mexico is seen from Hidalgo, Texas, Thursday, May 4, 2023. (AP Photo/Veronica G. Cardenas)

PUBLIC SAFETY

## U.S. Consulate issues travel advisory near Mexico border due to gun violence, IEDs

BY CHRISTINE SANCHEZ | MEXICO  
PUBLISHED 7:41 AM CT JAN. 30, 2025

MCALLEN, Texas — The U.S. Consulate in Mexico issued a travel advisory warning people of gun violence and improvised explosives in Tamaulipas, the Mexican state that borders South Texas. The level four security alert comes after shots were fired at Border Patrol in Fronzon.

What You Need To Know

Exhibit ~~14~~ 14



SOUTH TEXAS / EL PASO (CHANGE) > | MARCH 10, 2025

- The level four security alert comes after shots were fired at Border Patrol in Fronzon

Officials in Tamaulipas say improvised explosive devices (IEDs) have been found around several cities in the state, including Reynosa, Rio Bravo, Valle Hermoso and San Fernando. They advise those who encounter IEDs to avoid moving or touching the device.

Government employees have been instructed to avoid travel in and around Reynosa and Rio Bravo, and to steer clear of dirt roads.

A level four alert pertains to avoiding travel due to crime and kidnapping.

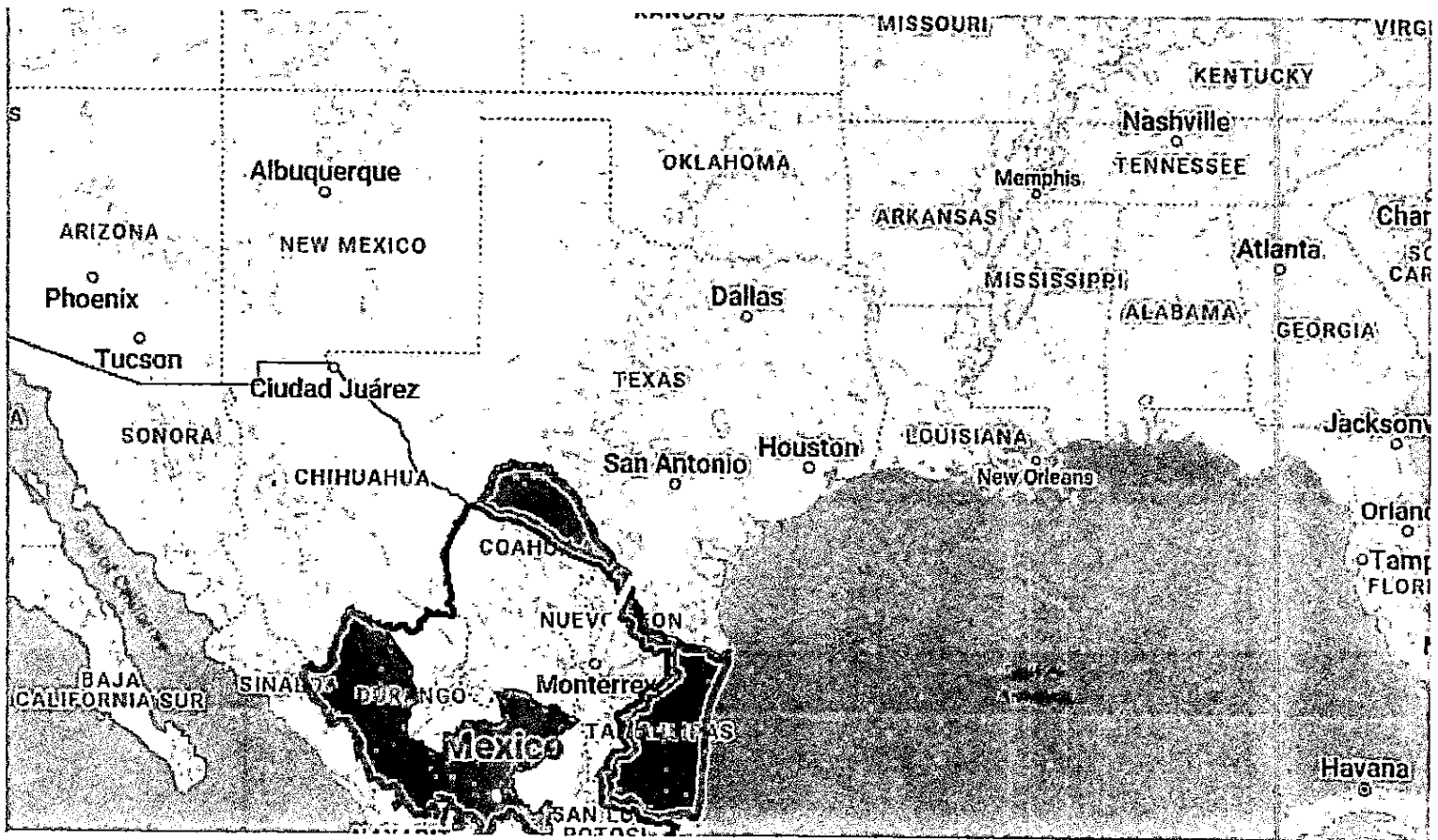
IEDs have been increasingly manufactured by criminal organizations in the region, according to the consulate. It says one such device destroyed a Government of Mexico vehicle on Jan. 23 and injured its occupant.

Consulate officials highlight several actions to take during this time:

- Avoid dirt roads and stay on paved roads
- Do not touch unknown objects in or near roads
- Plan travel during daylight hours
- Monitor local media for updates
- Be aware of your surroundings
- Notify friends and family of your safety

A map of restricted areas in Mexico:

SOUTH TEXAS / EL PASO (CHANGE) &gt; | MARCH 10, 2025



U.S. Border Patrol on Monday reported that shots were fired at some of its agents patrolling in Fronzon, a city in Starr County. No injuries were reported, and Texas Department of Public Safety spokesperson Lt. Chris Olivarez said the gunfire came from cartel members on the Mexico side of the border.

Three international bridges in the McAllen and Pharr areas connect Texas to Mexico, including McAllen-Hidalgo International Bridge, Pharr International Bridge and Anzalduas International Bridge.

#### YOU MAY ALSO BE INTERESTED IN



INTERNATIONAL

**Russia denies Ukrainian claim it struck Chernobyl**



INTERNATIONAL

**A driver plows into a demonstration in**



PUBLIC SAFETY

**U.S. in plea talks with Mexican cartel kingpin**

SOUTH TEXAS / EL PASO (CHANGE) > | MARCH 10, 2025



PUBLIC SAFETY

## 5 killed in Mexican town caught between battling criminal groups

MEXICO | 1 MONTH AGO



PUBLIC SAFETY

## Mexico offers protection to famed corridos singer after drug cartel death threats

MEXICO | 2 MONTHS AGO



PUBLIC SAFETY

## An American bomb from WWII explodes at a Japanese airport, leaving a crater on the taxiway

TOKYO | 5 MONTHS AGO

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SOUTH TEXAS / EL PASO (CHANGE) > | MARCH 10, 2025

**DO NOT SELL OR SHARE MY PERSONAL INFORMATION/OPT-OUT OF TARGETED ADVERTISING**

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Reconsider travel due to crime and kidnapping.

Violent crime and gang activity are common in parts of Morelos state. U.S. citizens and LPRs have been victims of kidnapping.

There are no restrictions on travel for U.S. government employees in Morelos state.

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 15**  
**Mexico Travel Advisory**



**Mexico Travel Advisory**

Travel.State.gov

(C)(K)

Travel Advisory Mexico - See State  
September 6, Summaries

Reissued after periodic review with updates for Chiapas, and Durango.

**Country Summary:** Violent crime – such as homicide, kidnapping, carjacking, and robbery – is widespread and common in Mexico. The U.S. government has limited ability to provide emergency services to U.S. citizens in many areas of Mexico, as travel by U.S. government employees to certain areas is prohibited or restricted. In many states, local emergency services are limited outside the state capital or major cities.

U.S. citizens are advised to adhere to restrictions on U.S. government employee travel. State-specific restrictions are included in the individual state advisories below. U.S. government employees may not travel between cities after dark, may not hail taxis on the street, and must rely on dispatched vehicles, including app-based services like Uber, and regulated taxi stands. U.S. government employees should avoid traveling alone, especially in remote areas. U.S. government employees may not drive from the U.S.-Mexico border to or from the interior of Mexico, except daytime travel within Baja California and between Nogales and Hermosillo on Mexican Federal Highway 15D, between Nuevo Laredo and Monterrey on Highway 85D and between Ciudad Juarez and interior cities as noted in the Chihuahua section.

Read the [country information page](#) for additional information on travel to Mexico.

**Do Not Travel To:**

- Colima state due to crime and kidnapping.
- Guerrero state due to crime.
- Michoacan state due to crime.
- Sinaloa state due to crime.
- Tamaulipas state due to crime and kidnapping.
- Zacatecas state due to crime and kidnapping.

Exhibit C

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**Reconsider Travel To:**

- Baja California state due to crime and kidnapping.
- Chiapas state due to crime.
- Chihuahua state due to crime and kidnapping.
- Guanajuato state due to crime.
- Jalisco state due to crime and kidnapping.
- Morelos state due to crime and kidnapping.
- Sonora state due to crime and kidnapping.

**Exercise Increased Caution When Traveling To:**

- Aguascalientes state due to crime.
- Baja California Sur state due to crime.
- Coahuila state due to crime.
- Durango state due to crime.
- Hidalgo state due to crime.
- Mexico City due to crime.
- Mexico State due to crime and kidnapping.
- Nayarit state due to crime.
- Nuevo Leon state due to crime.
- Oaxaca state due to crime.
- Puebla state due to crime and kidnapping.
- Queretaro state due to crime.
- Quintana Roo state due to crime.
- San Luis Potosi state due to crime and kidnapping.
- Tabasco state due to crime.
- Tlaxcala state due to crime.
- Veracruz state due to crime.

**Exercise Normal Precautions When Traveling To:**

- Campeche state
- Yucatan state

Visit our website for Travel to High-Risk Areas.

If you decide to travel to Mexico:

- Keep traveling companions and family back home informed of your travel plans. If separating from your travel group, send a friend your GPS location. If taking a taxi alone, take a photo of the taxi number and/or license plate and text it to a friend.
- Use toll roads when possible and avoid driving alone or at night. In many states, police presence and emergency services are extremely limited outside the state capital or major cities.
- Exercise increased caution when visiting local bars, nightclubs, and casinos.
- Do not display signs of wealth, such as wearing expensive watches or jewelry.
- Be extra vigilant when visiting banks or ATMs.
- Enroll in the Smart Traveler Enrollment Program (STEP) to receive Alerts and make it easier to locate you in an emergency.
- Follow the Department of State on Facebook and X/Twitter.
- Follow the U.S. Embassy on Facebook<sup>2</sup> and X/Twitter<sup>2</sup>.
- Review the Country Security Report for Mexico.
- Mariners planning travel to Mexico should check for U.S. maritime advisories and alerts, which include instructions on reporting suspicious activities and attacks to Mexican naval authorities.
- Prepare a contingency plan for emergency situations. Review the Traveler's Checklist.
- Visit the CDC page<sup>2</sup> for the latest travel health information related to your travel.

### Aguascalientes state – Exercise Increased Caution

Exercise increased caution due to crime.

Criminal activity and violence may occur throughout the state.

There are no restrictions on travel for U.S. government employees in Aguascalientes state

Reconsider travel due to crime and kidnapping.

Violent crime and gang activity are common in parts of Morelos state. U.S. citizens and LPRs have been victims of kidnapping.

There are no restrictions on travel for U.S. government employees in Morelos state.

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V..

United States of America, et al.  
Defendant.

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CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 16**  
**Migration Policy Institute Report**

I understand

migrationpolicy.org

Published on migrationpolicy.org (<https://www.migrationpolicy.org>)

Home > Large-Scale Deportations May Have Unintended Consequences

Exhibit 16

MIGRATION INFORMATION SOURCE

# Large-Scale Deportations May Have Unintended Consequences

October 2, 2024 FEATURE | By Christian Ambrosius and Andrea Velásquez

In destination and transit countries around the world and across the political spectrum, debates about migration have been dominated by calls for increasing deportations of unauthorized migrants. These policies are often justified by three main arguments: that they will deter future irregular migration, enhance public safety, and improve socioeconomic outcomes for the native-born population. Yet despite these policies' significant fiscal costs, surprisingly little attention has been paid to evaluating them in terms of these particular objectives. What are the actual intended and unintended outcomes of forced returns, both in deporting countries and in migrants' countries of origin?

## In This Article

- Forced removals have long been an important part of policy toolkits
- Removals have both intended and unintended effects
- Deportations can impact individuals and communities of origin
- Removals do not necessarily make U.S. communities safer or better places to find a job

Research shows that increasing removals and returns may deter some irregular migration in the short term. Nonetheless, without addressing the underlying drivers of migration, these policies may lead to a change only in individuals' migration strategies rather than a noticeable reduction of irregular migration overall. Also, there is little evidence to support the notion that enforced returns enhance public safety in destination countries. Studies have shown that deportations did not lead to lower crime rates in the United States, reflecting the fact that U.S. immigrants, including those without authorization, tend to have lower conviction and incarceration rates than the native born. In addition, deportations have been shown to negatively affect U.S.-born workers by significantly reducing their employment opportunities.

Narratives surrounding forced removals typically take the perspective of the deporting country, neglecting impacts on migrants, their families, and their communities of origin. Many deportees return with significant debt accrued from financing their migration, have difficulty finding jobs and re-establishing footholds upon return, and often feel shame and experience stigma for having been

removed. Moreover, the heightened vulnerability that comes with forced returns has fed into dynamics of violent crime in Mexico and Central America. These negative effects may come back to haunt deporting countries, too; if forced returns lead to instability, social isolation, inability to find work, or other negative effects in communities of origin, this could generate new migration that would counteract the original deterrence intentions of return policies. Partly due to these outcomes, authorities in the European Union have placed a greater emphasis on return and reintegration assistance than those in the United States.

This article provides an overview of the connection between deportations and deterrence of future irregular migration, security, and labor market conditions. It is limited to these aspects and does not seek to evaluate the merits of deportations in other regards. Based in part on the authors' research into various dimensions of the connection, it focuses primarily on deportations from countries' interiors—known formally as removals in the United States and forced returns in the European Union (see Definitions box)—with an emphasis on those from the United States to Latin America. In particular, a significant amount of research uses data related to the U.S. Secure Communities program, an information-sharing system that has been credited for more than 750,000 deportations between its rollout in 2008 and end in 2021. Secure Communities was implemented across the United States on a staggered and gradual basis, enabling researchers to make comparisons between districts and study its causal effects on different indicators.

## Definitions

Immigration enforcement can take a wide variety of forms. This article focuses on the actions commonly known in the United States as **deportations** or **removals**, and in Europe as **assisted returns**. These terms refer to the mandatory departure of a noncitizen out of the destination country, based on a formal order.

These actions are different from those that quickly repatriate migrants across a border, including operations formally known in the United States as returns and which can also include expulsions, turn-backs, and other measures that do not involve a formal order.

## A Longstanding Focus on Deportations

Forced removals have long been an important part of the migration policy toolkits of destination countries. The United States carried out 7 million removals from fiscal year (FY) 2000 through May 2024 (not counting enforcement returns or pandemic-era expulsions at U.S. borders). European Union countries registered 2.2 million returns between 2008 and 2021, according to Eurostat, including forced and voluntary returns. Elsewhere, other countries heavily engage in deportation practices, too. For instance, Saudi Arabia deported 500,000 Ethiopians from 2017 through 2022, and Pakistan has threatened to deport a large number of Afghans, prompting more than 650,000 to return over the last year.

## A U.S. Focus on Removals

One of the most significant shifts in U.S. immigration policy has been the emphasis on interior enforcement, after a long period of focusing primarily on the borders, and empowering state and local authorities to initiate processes in coordination with the federal government that lead to deportation. While attention has shifted back to the U.S.-Mexico border in recent years, amid a period of record arrivals since FY 2021, interior enforcement had been the central focus of U.S. immigration enforcement for several years. As of mid-2022, an estimated 11.3 million people in the United States lacked legal status, according to the Migration Policy Institute (MPI), making them

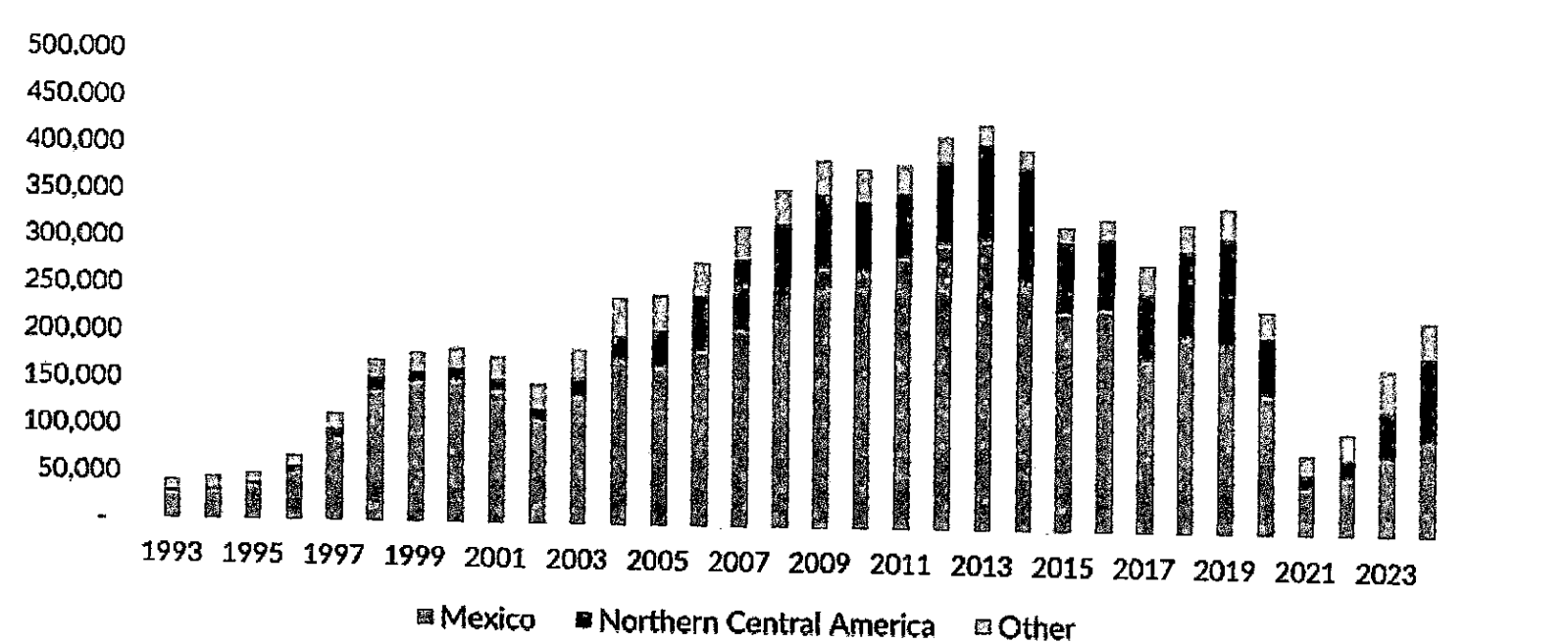


Case 4:25-cv-01139 Document 13 Filed 04/03/25 Page 16 of 63

potentially vulnerable to removal. The tools used for interior enforcement can generally be traced to passage of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) in 1996, which opened the door to partnerships between state and local law enforcement and federal immigration authorities. For instance, the 287(g) program included in IIRIRA allowed federal immigration authorities to deputize designated state and local law enforcement partners to carry out some immigration screening and custodial functions. The establishment of Secure Communities in 2008 enhanced information-sharing between local law enforcement agencies and U.S. Immigration and Customs Enforcement (ICE) so that removable noncitizens could be identified, detained, and deported. These and other changes led to a significant increase in deportations, with a record 400,000 formal removals in FY 2013 (see Figure 1). Amid pushback, Secure Communities was replaced in 2014 by the narrower Priority Enforcement Program that gave U.S. jurisdictions greater leeway to tailor their cooperation with ICE. Secure Communities was reactivated by executive order during the Trump administration from 2017 to 2021 and then shelved when the Biden administration took office.

Notably, more than 97 percent of the 6.4 million migrants removed from the United States between FY 2000 and FY 2020 were returned to countries in Latin America and the Caribbean. Mexico was the top destination for removals, followed by Guatemala, Honduras, and El Salvador.

**Figure 1. Formal Removals from the United States, by Year and Country of Origin, FY 1993-2024\***



\* Data for fiscal year (FY) 2024 are through May.  
 Note: Figure shows the number of removals based on a formal order of removal. It does not include enforcement or administrative returns, which do not require a formal order of removal, or the expulsions that were carried out under the Title 42 public health authority used from March 2020 through May 2023. Sometimes, returns are included in the broader nontechnical category of deportations.” Northern Central America includes El Salvador, Guatemala, and Honduras.  
 Source: U.S. Department of Homeland Security (DHS), Office of Homeland Security Statistics (OHSS), *Yearbook of Immigration Statistics*, multiple years, [available online](#); OHSS, “Immigration Enforcement and Legal Processes Monthly Tables - May 2024,” updated September 10, 2024, [available online](#).

Deportations come with significant financial costs to taxpayers. U.S. removals cost nearly \$10,900 per deportee as of FY 2016, ICE has said, which can include fees for detention, legal proceedings, and transport back to the origin country. With more than 179,000 removals carried out in FY 2023, that estimate would translate into more than \$1.9 billion in spending, without accounting for inflation. Given the considerable resources spent on removals, what are the intended and unintended effects of these policies?

### *The Deterrent Effect*

Responding to widespread concern about uncontrolled arrivals, policies to deter irregular migration have taken center stage both in policymaking and academic research. Most of the research about the United States has evaluated the deterrence effects of U.S. enforcement policies generally, examining both border hardening and removals from the interior, which makes it difficult to isolate impacts of removals. As a form of deterrence, both strategies follow a similar rationale of making unauthorized immigration less attractive by increasing its risks and costs. Researchers have found that fear of removal may curb deportees' intent to return to the United States to some degree, at least in the near term. However, overall decisions to migrate were shown to be surprisingly resilient to the increasing enforcement efforts witnessed since the early 1990s. One reason is that the potential economic gains for migrants from lower-income countries may simply be too large for deportation threats and border hardening to make a meaningful difference. In addition to economic incentives, high levels of violence have driven migration, in particular from northern Central America, and violence itself may have been fueled in part by deportations (see more below).

With the underlying drivers of migration unchanged and in some cases worsening amid rising displacement, deportation threats and border enforcement have been shown to have led to a change in migration strategies rather than to an overall reduction in irregular immigration. A study by Manuela Angelucci, for instance, finds that high levels of enforcement deterred unauthorized migrants, but the increased costs of migration as migrants turned to riskier routes and relied increasingly on smugglers also undermined patterns of circular and return migration. As a result, unauthorized migrants remained in the United States for longer periods of time, adding to the overall stock of individuals without legal status.

### *Labor Market Impacts*

Research has also highlighted unintended effects on the labor market. Analysis by a team of scholars including one of the authors, for instance, found that Secure Communities reduced the overall employment share and wages of U.S.-born workers. This happened for two main reasons: First, any advantages U.S.-born workers might gain from decreased job competition could be offset by a reduction in labor demand resulting from higher labor costs when the number of unauthorized immigrants in the workforce declines. Second, the decrease in the population and earnings of likely unauthorized immigrants may lead to lower local consumption, further reducing labor demand for U.S.-born workers.

As one illustration of this effect, many U.S.-born parents who work outside the home rely on immigrant child-care and domestic workers, many of whom lack legal status; policies that reduce this labor supply can drive up the cost of these services, potentially impacting the employment prospects of U.S.-born individuals who most rely on unauthorized immigrants. The cost of domestic services increased with the implementation of Secure Communities, leading highly educated U.S.-born

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mothers to reduce both their labor force participation and working hours. This reduction in women's labor participation could have significant long-term implications for the gender labor gap and their children.

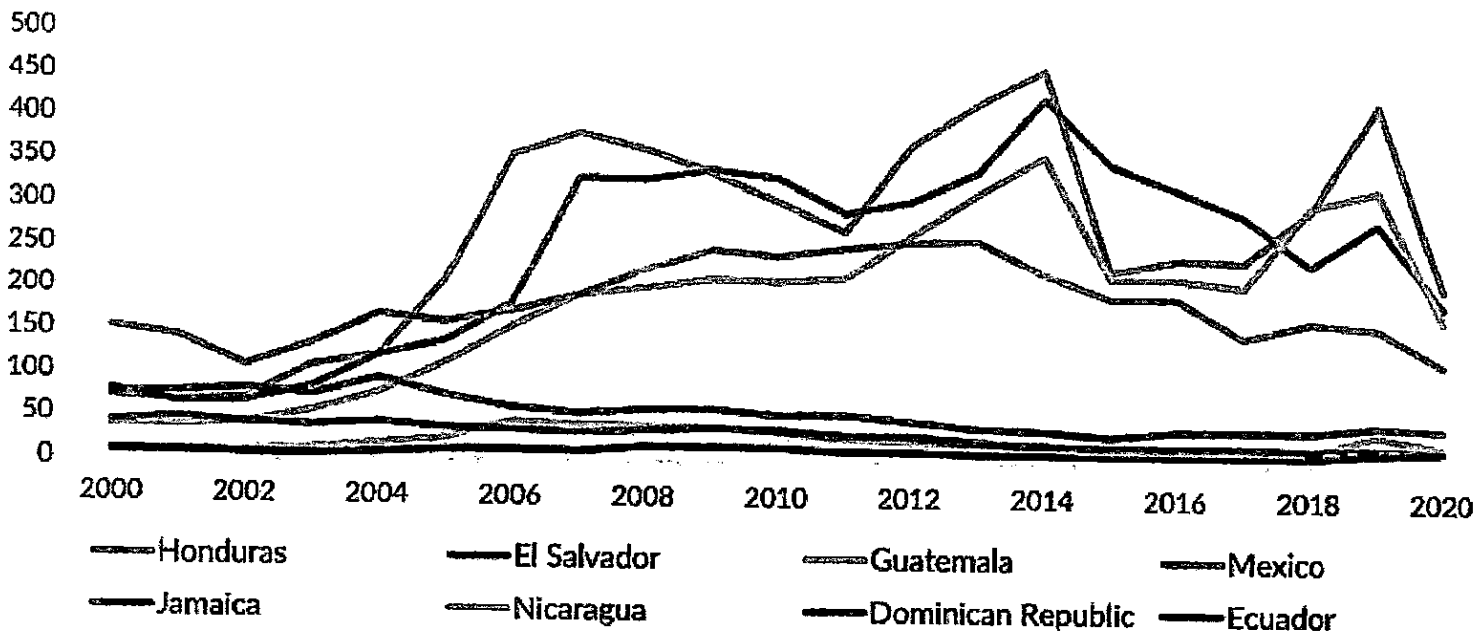
### Is Crime Reduction More a Slogan Than a Reality?

Even though evidence shows that U.S. immigrants—including the unauthorized—are less likely to commit crimes than native-born individuals, public safety has been a key theme in justifying deportation policies. Secure Communities was designed to prioritize removal of criminal offenders to enhance public safety. Yet evidence suggests it had no observable effect on the rates of overall crime, violent offenses, or property crimes. Despite the original intention that Secure Communities would only be used to identify violent offenders, just 26 percent of those deported as a result of the information-sharing program eventually rolled out across the nation's 3,181 jurisdictions had been convicted of serious crimes, while 20 percent had no criminal conviction. While the program's champions noted its ability to help ICE achieve record levels of removals, critics raised concerns about its indiscriminate nature, racial profiling, and the negative impact on migrant communities' health and wellbeing. Law enforcement officials, advocates, researchers, and others also noted the program's negative effect on community cooperation with police and willingness to report crimes, which ultimately undermined police effectiveness.

### Effects of Deportations on Origin Communities

People deported from the United States go primarily to one of four countries: Mexico, El Salvador, Guatemala, or Honduras. These are also the countries most exposed to deportations relative to their population size (see Figure 2). In Honduras and El Salvador, which received the largest number of deportees relative to population, the total number of deportees from the United States from FY 2000 to FY 2020 (470,000 and 315,000, respectively) is equivalent to almost 5 percent of their current populations; the number of deportees to Mexico and Guatemala (4.5 million and 580,000) is equivalent to between 3 percent and 4 percent of the population.

**Figure 2. Number of Migrants Removed from the United States per 100,000 People, by Country of Origin, FY 2000-20**





Forced returns have an impact not only on individual migrants, but also others in their communities of origin. While such broader effects of deportations are not yet well understood, recent studies suggest the arrival of deportees has important negative social and economic consequences. A study on El Salvador by Antonella Bandiera and colleagues showed that formal wages decreased in municipalities receiving many deportees, presumably due to increased competition among laborers. Similar patterns have been observed in Mexico by Thomas Pearson. Other research by María Esther Caballero suggests that deportations have negative effects on schooling outcomes in Mexico; when migrants become more exposed to deportation risks, school dropouts tend to increase in their municipalities of origin. This is likely because of a drop in remittances, which migrants often send to help finance education for family members left behind, among other purposes. For many deportees globally, the situation flips; instead of being a pillar of financial support, they may return with outstanding debt from their migration. They also may face stigma and isolation due to their status as deportees.

### *Deportees' Vulnerability Feeds into Dynamics of Violence*

It is a paradox of deportation policies that forced removals may not improve security at destination and yet seem to increase violence and crime back in origin countries. One well-documented outcome from deportations has been the spread of violent youth gangs in Central America. The two dominant gangs in northern Central America—Mara Salvatrucha (also known as MS-13) and 18th Street (also known as Barrio 18, Mara 18, or M-18)—first appeared in Los Angeles more than 40 years ago, before the city became home to a large Salvadoran diaspora. Large-scale deportations of young adults led the gangs to propagate in El Salvador and ultimately elsewhere in Central America. Although returning migrants did not constitute the bulk of gang membership, those with gang ties had a strong influence as leading gang figures. Attracting new members from the streets and in prisons, MS-13 and M-18 gradually supplanted, marginalized, or absorbed older native gangs.

Quantitative studies have confirmed that deportations contributed to the gangs' growth in El Salvador. For instance, one of the authors has traced the contagion of gang violence to migration corridors between Salvadoran municipalities of origin and migrants' settlement patterns in the United States, showing that gangs spread in Salvadoran municipalities in which migrants had been more exposed to violent crime in the United States. Another study by Maria Micaela Sviatschi shows that Salvadoran children who were more exposed to the arrival of deportees at a critical age had a higher probability of ending up in prison as adults.

Negative effects of deportations on dynamics of violent crime have been observed in other countries, too. In Mexico, criminal groups have been documented to specifically target deportees, who can easily be coerced into committing crimes due to the economic precariousness and stigma they face upon return. Homicide rates increased in Mexican municipalities whose migrants were more exposed to deportation risk at their U.S. destination, as one of the authors found in a recently published study. Another study by Sandra Rozo and coauthors found that murder rates also rose around repatriation centers, the first points of arrival for deportees.

These unintended consequences of deportation policies can trigger new cycles of migration that can jackfire on the deporting countries. For example, research by Michael Clemens suggests that surges in violence in northern Central America led to higher rates of irregular migration by unaccompanied minors from 2011 to 2015. And the aforementioned gang violence associated with the deportation of

convicts to El Salvador led to new emigration in subsequent years. If deportations cause increased violence that pushes other people to leave the country, this may undermine the deterrent effect.

## Hidden Costs and Illusory Promises

Deterrence, security, and jobs are key themes justifying deportation policies, yet research suggests that removals do not always make U.S. communities safer or better places to find a job. With respect to deterrence, evidence is mixed. Some studies have found that deportations and other enforcement policies can have a deterrent effect, but other research suggests that migrants merely change their strategies, rather than stop migrating in the first place. Moreover, the vulnerability and precariousness that deportations produce among migrants and their communities at origin may create new push factors for migration that counteract the original intention to deter irregular migration. At the same time, large-scale deportations seem to have had unintended outcomes on labor markets that might have harmed U.S. natives.

In addition to these effects, destination countries' strong focus on border control and removals could also warp relationships between countries and affect broader geopolitical relations. For instance, an increase in forced removals coincides with a loss of trust and worsening of opinions of the United States among Latin American citizens, as one of the authors shows in his research with Covadonga Meseguer.

Research on deportation outcomes is still scarce and dominated by studies on the deportation corridors from the United States to Mexico and Central America. While these observations may not necessarily apply to other countries and regions, one general theme emerges: Large-scale removals risk generating unintended negative outcomes at origin and destination. Policymakers therefore would be well advised to weigh evidence on the declared goals of these policies (namely, whether they lead to deterrence, more security, and more or better jobs for natives) against their fiscal costs and real-world effects, both intended and unintended. Empirical evidence does not support the view that deportations are an easy fix to concerns about the size of unauthorized immigration, unsafe communities, or the lack of jobs.

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IF YOU HAVE QUESTIONS OR COMMENTS ABOUT THIS ARTICLE, CONTACT US AT **Source@MigrationPolicy.org**

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**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

Suzanne Raylene Figueroa,  
Plaintiff

V.

United States of America, et al.  
Defendant.

§  
§  
§  
§  
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§

CIVIL ACTION NO. 4:25-cv-01139

**Exhibit 17**  
**Medical Records**  
**Fibroid Tumors, Anemia, Diabetes, ADHD**



**Data Portability for Suzanne Figueroa****Table of Contents**

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**Demographics**

**Sex:** Female **Ethnicity:** Not Hispanic or Latino  
**DOB:** 10/06/1986 **Race:** White  
**Preferred language:** English **Marital status:** Married  
**Previous Name:**

**Contact:** 17578 WHITE OAK, CONROE, TX 77306, USA, Ph. tel:+1-(936) 314-3612 (Primary Home) tel:+1-(936) 314-3612 (Mobile) mailto:garcia86.sw@gmail.com (Primary Home)  
**Other Addresses:** 17578 WHITE OAK, CONROE, TX 77306, USA (Current Billing Address)

**Assessment**

No assessment recorded.

**Plan of Treatment**

Reminders	Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
<b>Appointments</b> None recorded.							
<b>Lab</b>	urinalysis, dipstick	04/08/2024 04/08/2024	rsyal1		In-House Results, For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:49:07	
	pap, IG + HPV mRNA E6/E7 + reflex HPV (16+18+45)	04/08/2024 04/08/2024	ATHENA		Not available	04/12/2024 14:41:53	
<b>Referral</b>	None recorded.						
<b>Procedures</b>	None recorded.						
<b>Surgeries</b>	None recorded.						
<b>Imaging</b>	None recorded.						
<b>Medication Orders</b>	None recorded.						

Patient Targets No targets recorded.

**Patient Instructions**

Encounter Date	Encounter Id	Patient Instructions	Last Modified By	Organization Details	Last Modified Time
04/08/2024	10145162	f/u for usg	rsyal1	Not available	04/08/2024 10:59:12

**Reason for Referral**

None Reported.

## Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note	LastModifiedBy	Organization Detail	LastModifiedTime
04/08/2024	04/09/2024	PAP + HR HPV WITH REFLEX GENOTYPE (16, 18/45)- UWH TX LAB	HR HPV- uwh TXlab	Negative		negative			Not Available	Genpath Womens Health (Bio-Reference Laboratories) 491 Edward H Ross Dr, Elmwood Park, NJ, 07407-0621, Ph (201) 663-9315	04/12/2024 14:41:53
04/08/2024	04/09/2024	PAP + HR HPV WITH REFLEX GENOTYPE (16, 18/45)- UWH TX LAB	HPV 16	Not Applicable		negative			Not Available	Genpath Womens Health (Bio-Reference Laboratories) 491 Edward H Ross Dr, Elmwood Park, NJ, 07407-0621, Ph (201) 663-9315	04/12/2024 14:41:53
04/08/2024	04/09/2024	PAP + HR HPV WITH REFLEX GENOTYPE (16, 18/45)- UWH TX LAB	HPV 18/45	Not Applicable		negative		HR HPV- UWH TX LAB (1) HPV 16 (2) HPV 18/45 (2) (1) The Aptima HPV Assay is an in vitro nucleic acid amplification test (NAAT) for the qualitative detection of mRNA from 14 high-risk types of human papillomavirus (HPV) in cervical specimens. The high-risk types detected by the assay include: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68. This assay does not distinguish between these types. This test was performed by Unified Women's Healthcare Texas Laboratory, 8282 El Rio Street, Ste 140, Houston TX 77054. (2) The HPV genotype reflex criteria (positive HR HPV) was not met, therefore, no HPV genotype testing was performed.	Not Available	Genpath Womens Health (Bio-Reference Laboratories) 491 Edward H Ross Dr, Elmwood Park, NJ, 07407-0621, Ph (201) 663-9315	04/12/2024 14:41:53
04/08/2024	04/12/2024	PAP + HR HPV WITH REFLEX GENOTYPE (16, 18/45)- UWH TX LAB	Pap, liquid-based	NILM		nilm		DIAGNOSIS: Negative for intraepithelial lesion or malignancy ADEQUACY: Satisfactory for evaluation / Endocervical/transformation zone component present. COMMENT: This Pap smear was screened with the assistance of the Hologic ThinPrep(TM) Imaging System and screened by a cytotechnologist. SPECIMEN SOURCE: PAP + HR HPV with reflex genotype (16, 18/45)- UWH TX LAB, CERVICAL CLINICAL INFORMATION: LMP: NA Provided Diagnosis Codes: Z11.51,Z12.4 Z11.51,Z12.4 Cervicovaginal cytology should be considered a screening procedure subject to false negatives and false positives. Results are more reliable when a satisfactory sample is obtained on a regular repetitive basis, and should be interpreted together with past and current clinical data. ELECTRONICALLY SIGNED BY: Screened By: Patrick Tracey, CT (ASCP) Case Electronically Signed 04/12/2024 Cytology screening and Interpretation performed at: BioReference Health, LLC 8282 El Rio St., Suite 140 Houston, TX 77054.	Not Available	Genpath Womens Health (Bio-Reference Laboratories) 491 Edward H Ross Dr, Elmwood Park, NJ, 07407-0621, Ph (201) 663-9315	04/12/2024 14:41:53

04/08/2024 04/08/2024	urinalysis, dipstick	Leukocytes	Negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Nitrite	negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Urobilinogen	.2	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Protein	Trace	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	pH	8.0	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Blood	Negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Specific Gravity	1.015	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Ketone	Negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Bilirubin	Negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/08/2024 04/08/2024	urinalysis, dipstick	Glucose	Negative	Not Available	In-House Results For Internal Use Only, Do Not Delete/merge, 00000	04/08/2024 10:31:33
04/30/2024 04/30/2024	ultrasound images		RAD	bemsley	Your In-House Momentum Machine 28273	08/22/2024 15:51:20

## Result Notes

None recorded.

## Problems

None Reported

**Procedures**

Date	Name	Laterality	Status	Provider Name and Address	Organization Details	Recorded Time
04/30/2024	U/S GYN TRANSVAGINAL (UEHRC)		completed	Sofia Uribe	TX - Unified Women's Healthcare of Texas	04/30/2024 15:58:01
04/08/2024	Date of Last Pap Smear		completed	Betty Emsley	TX - Unified Women's Healthcare of Texas	04/15/2024 10:08:21
01/01/2019	Division of fallopian tube		completed	Not Available	DocResponse	04/08/2024 09:57:54
	Gastric bypass for obesity		completed	Sofia Uribe	TX - Unified Women's Healthcare of Texas	04/08/2024 10:28:55

**Imaging Results**

Imaging Date	Name	Status	LastModified by	Organization Details	LastModified Time
04/30/2024	ultrasound images	completed	bernsley	Your In-House Momentum Machine 28273	08/22/2024 15:51:20

**Procedure Notes**

None recorded.

**Medical Equipment**

None Reported.

**Allergies**

Allergen ID	Allergen Name	Allergen Category	Reaction	Reaction Severity	Criticality	Documentation Date	Start Date	Code	Code System	Note	Provider Name and Address	Organization Details	Recorded Time
576197	codeine	medication	chest pain	Not available	Not available	04/07/2024	01/01/1995	2670	RxNorm		Not Available	DocResponse	04/07/2024 11:25:13

**Medications**

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
methylphenidate 20 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
sertraline 100 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY			active		INTERFACE	Not Available	Not Available
ciprofloxacin 500 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 12 HOURS FOR 7 DAYS		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
liothyronine 5 mcg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY			active		INTERFACE	Not Available	Not Available
tramadol 50 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED POST OP FOR PAIN		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
pantoprazole 40 mg tablet, delayed release	TAKE 1 TABLET BY MOUTH EVERY DAY			active		INTERFACE	Not Available	Not Available
hyoscyamine sulfate 0.125 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS FOR 30 DAYS			active		INTERFACE	Not Available	Not Available
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	INJECT 1 ML UNDER THE SKIN EVERY 2 WEEKS			active		INTERFACE	Not Available	Not Available
methylphenidate ER 20 mg tablet, extended release	TAKE 1 TABLET BY MOUTH EVERY DAY		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
levothyroxine 150 mcg tablet	TAKE 1 TABLET BY MOUTH EVERY MORNING			active		INTERFACE	Not Available	Not Available
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	INHALE 2 PUFFS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR COUGH OR WHEEZING			active		INTERFACE	Not Available	Not Available
colchicine 0.6 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup	TAKE 10 ML BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH OR CONGESTION		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
ondansetron 4 mg disintegrating tablet	DISSOLVE 1 TABLET ON THE TONGUE EVERY 8 HOURS FOR 4 DAYS		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00
methylphenidate ER 36 mg tablet, extended release 24 hr	TAKE 1 TABLET BY MOUTH EVERY DAY			active		INTERFACE	Not Available	Not Available
methylphenidate ER 27 mg tablet, extended release 24 hr	TAKE 1 TABLET BY MOUTH EVERY DAY		04/08/2024	completed		suribe5	Not Available	04/08/2024 00:00:00

**Vitals**

Date Recorded	Body weight	Body mass index (BMI)	Body height	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated Date/Time
04/08/2024	110676.54 g	41.9 kg/m2	162.56 cm	122 mm[Hg]	78 mm[Hg]	Sofia Uribe	TX - Unified Women's Healthcare of Texas	04/08/2024 10:31:09
Date Recorded	Body weight	Body mass index (BMI)	Body height	Systolic blood pressure	Diastolic blood pressure	Provider Name and Address	Organization Details	Last Updated Date/Time
04/30/2024	162.56 cm	42.2 kg/m2	111583.72 g	126 mm[Hg]	80 mm[Hg]	Sofia Uribe	TX - Unified Women's Healthcare of Texas	04/30/2024 15:58:20

**Social History**

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
<b>Tobacco Smoking Status</b>	Never Smoker		Not Available	DocResponse	04/08/2024 09:57:54
What Is Your Level Of Alcohol Consumption?	Occasional		API-253	Information not available	04/08/2024
Is Blood Transfusion Acceptable In An Emergency?	Yes		API-253	Information not available	04/08/2024
What Is Your Level Of Caffeine Consumption?	Heavy		API-253	Information not available	04/08/2024
Are You Currently Employed?	Yes		API-253	Information not available	04/08/2024
What Is Your Occupation?	LVN		API-253	Information not available	04/08/2024
Are You Sexually Active?	Yes		API-253	Information not available	04/08/2024

Birth Sex: Unknown

**Functional Status**

Question	Answer	Note	LastModified by	Organization Details	LastModified Time
What is your exercise level?	Occasional		API-253	Information not available	04/08/2024

**Mental Status**

None recorded.

**Family History**

Relationship	Description	Onset Age	Died of this Age	Resolved Age	Notes	LastModified by	Organization Details	LastModified Time
Son	Attention deficit hyperactivity disorder, predominantly inattentive type					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Arthritis					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Congestive heart failure					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Coronary arteriosclerosis					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Depressive disorder					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Diabetes mellitus					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Myocardial infarction					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Hypercholesterolemia					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Hypertensive disorder					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Kidney disease					API-253	Not available	04/08/2024 09:57:53
Unspecified Relation	Disorder of thyroid gland					API-253	Not available	04/08/2024 09:57:53

**Medical History**

Condition	Response
Endocrinology- Vitamin Deficiency	Y
GI- Irritable Bowel Syndrome	Y

**Gynecological History**

Statement/Question	Response
History of PCOS	N
Date of LMP	03/20/2024
History of Vulvar Dysplasia	N
Current Birth Control Method:	Tubal ligation
History of Endometriosis	N
History of Sexually Transmitted Infection	Y
History of Fibroids	Y
History of Recurrent Ovarian Cysts	N
Sexually Active?	Y
History of Cervical Dysplasia	N
History of abnormal PAP	Y
Date of Last Pap Smear	04/08/2024

**Obstetrics History**

GPAL:  
G 4 P 3 0 1 3

Type	Value
Full Term	3
Spontaneous Abortion	1
Living	3
Total	4

**Immunizations**

None recorded.

**Past Encounters**

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code
10145162	DR. RAJENDER K SYAL M.D.	CC007_I-45 SOUTH 17183 Interstate 45 South, Suite 610 CONROE, TX 77385-3315	04/08/2024 09:55:18	04/08/2024 11:13:07	Gynecologic examination	83607001	Z01.419
					Screening for malignant neoplasm of cervix	171149006	Z11.51 Z12.4
					Dysuria	49650001	R30.0
10218230	DR. RAJENDER K SYAL M.D.	CC007_I-45 SOUTH 17183 Interstate 45 South, Suite 610 CONROE, TX 77385-3315	04/30/2024 15:01:41	04/30/2024 16:16:02	Uterine leiomyoma	95315005	D25.2
					Excessive and frequent menstruation	266601003	N92.0
					Pain in pelvis	30473006	R10.2

**Goals Section**

None Recorded

**Health Concerns Section**

Related Observation	LastModified by	Organization Details	LastModified Time
None Recorded			
Concern	Status	LastModified by	Organization Details
None Recorded			

**Advance Directives**

Directive
None Recorded



## Payers

Encounter Date	Sequence	Insurance Name	Policy Number	Policy Holder	Covered Member ID	Holder Member ID	Guarantor Name
04/30/2024	1	BCBS-TX BCBS TX	121982	Suzanne R Figueroa	HST827582259		Suzanne Figueroa
04/08/2024	1	BCBS-TX BCBS TX	121982	Suzanne R Figueroa	HST827582259		Suzanne Figueroa

## Notes

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
04/08/2024	text/html	Annual Premenopausal (UEHRC) Reported by patient. Current Medical History: no recent surgeries; no recent hospitalization; no new family members with breast, ovary, uterine or colon cancer; no active problems Menstrual History: Frequency of Menses: irregular; Duration of Flow: 5 days; Quantity of Flow: moderate; Stressed. Contraceptive Method: tubal ligation Sexually Active yes; same partner STI Screen declines Health/Prevention exercise yes; healthy diet yes Notes: family hx negative. Annual exam. Pt denies any problems with cycles, breast, pelvic pain or bladder issues.. Birth control discussed.	DR. RAJENDER K SYAL M.D.  15305 Dallas Parkway, 12TH FLOOR, Addison, TX, 75001-4637, US	TX - Unified Women's Healthcare of Texas	04/08/2024 10:59:56
04/30/2024	text/html	Gyn Ultrasound: Indication: {{pelvic pain bleeding problems postmenopausal bleeding fibroids* ovarian cysts infertility early pregnancy bleeding}} Findings: Normal USG {{YES NO*}} Fibroids {{YES* NO}} Ovarian cysts {{YES NO}} PCOS {{YES NO}} Thickened endometrium {{YES NO}} Polyps {{YES NO}} Discussion: tx options for fibroids d/w pt. Still desires fertility but has tubal ligation. Seeing infertility specialist. will call when ready for myomectomy	DR. RAJENDER K SYAL M.D.  15305 Dallas Parkway, 12TH FLOOR, Addison, TX, 75001-4637, US	TX - Unified Women's Healthcare of Texas	04/30/2024 20:56:02

**WOODLANDS**  
OB/GYN ASSOCIATES

**Woodlands OB/GYN Associates**

171831-45 South, Suite 610  
The Woodlands, TX 77385  
281-364-9898

Raj Syal, M.D. Jenna Everson, M.D. Holly Westmoreland, M.D. Kellyn Rielly, D.O.

#### Patient Demographics

**figueroa, suzanne** Study Date: 04/30/2024  
Patient ID: 2554048  
DOB: 10/06/1986 Age: 37y Gender:  
Physician of Record: Performed By: TC RDMS-RVT  
Comments: enlarged uterus

#### GYN: Measurements and Calculations

##### Uterus

Endo Thick	0.62 cm	Cerv Length		
Uterus Length		Uterus Height	Uterus Width	9.48 cm
				Uterus Volume

##### Fibroids

Fibroid L1	8.27 cm	Fibroid H1	Fibroid W1	Fibroid Vol 1
Fibroid L2	4.12 cm	Fibroid H2	Fibroid W2	Fibroid Vol 2

figueroa, suzanne 2554048 04/30/2024 Created: 02:25PM 04/30/2024 1/3

#### Ovarian Comparison

	Length	Width	Height	Volume
Right	3.53 cm	2.12 cm	2.14 cm	8.39 ml
Left	2.85 cm	2.58 cm	2.31 cm	8.89 ml

#### General

R Ov Length		L Ov Length		Endo Thick	
Dist	3.53 cm	Dist	2.85 cm	Dist	0.62 cm
R Ov Height		L Ov Height		Uterus Width	
Dist	2.14 cm	Dist	2.31 cm	Dist	9.48 cm
R Ov Width		L Ov Width		Fibroid L1	
Dist	2.12 cm	Dist	2.58 cm	Dist	8.27 cm
R Ov Volume	8.39 ml	L Ov Volume	8.89 ml	Fibroid L2	
				Dist	4.12 cm

#### Comments

Pelvic Transvaginal Ultrasound  
2D, color, and Doppler images were obtained of the pelvis using the standard transvaginal technique.  
No comparison available.

Uterus is normal in size and shape.  
Endometrium is normal thickness.  
Both ovaries are normal in size and shape.  
Both adnexas appear normal.  
Bladder is empty and not seen.  
Uterine fibroids seen. Largest displaces the endometrium.

figueroa, suzanne 2554048 04/30/2024 Created: 02:25PM 04/30/2024 2/3

**Signature:**

**Signature:**

**Name(Print):**

**Date:**

figueroa, suzanne

2554048

04/30/2024

Created: 02:25PM 04/30/2024

3/3

3D9-3v  
15Hz  
RS

2D  
50%  
Dyn R 60  
P Low  
HGen

M3

✦ Fibroid L1 8.27 cm

14cm

3D9-3v  
15Hz  
RS

2D  
50%  
Dyn R 60  
P Low  
HGen

M3

14cm

figueroa, suzanne 2554048

DOB: 10/06/1986

WOODLANDS.OE

TCR: 04/30/2024 02:20:43PM

OB Early

TIS0.1 MI 0.5

3D9-3v

21Hz

RS

2D

44%

Dyn R 60

P Low

HGen

M3

✦ Endo Thick 0.27 cm

9.0cm

figueroa, suzanne 2554048

DOB: 10/06/1986

WOODLANDS.OE

TCR: 04/30/2024 02:20:55PM

OB Early

TIS0.1 MI 0.5

3D9-3v

21Hz

RS

2D

44%

Dyn R 60

P Low

HGen

M3

9.0cm

3D9-3v

21Hz

RS

2D

44%

Dyn R 60

P Low

HGen

M3

X3

✦ Fibroid L2 4.12 cm

9.0cm-

3D9-3v

21Hz

RS

2D

44%

Dyn R 60

P Low

HGen

M3

X3

9.0cm-



÷ R Ov Length 3.53 cm  
÷ R Ov Height 2.14 cm

9.0cm

2D  
44%  
Dyn R 60  
P Low  
HGen

OB Early  
3D9-3v  
21Hz  
RS

M3

figueroa, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:22:19PM TISO.1 MI 0.5

÷ Endo Thick 0.62 cm

9.0cm

2D  
44%  
Dyn R 60  
P Low  
HGen

OB Early  
3D9-3v  
21Hz  
RS

M3

figueroa, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:21:59PM TISO.1 MI 0.5

÷ R Ov Width 2.12 cm  
R Ov Volume 8.39 ml

7.0cm

X3

2D  
48%  
Dyn R 60  
P Low  
Hgen

OB Early  
3D9-3v  
24Hz  
RS

M3

TISO.1 MI 0.7

figueroa, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:22:36PM

7.0cm

X3

2D  
48%  
Dyn R 60  
P Low  
Hgen

OB Early  
3D9-3v  
24Hz  
RS

M3

TISO.1 MI 0.7

figueroa, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:22:28PM

figuera, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:22:44PM  
OB Early 3D9-3v 24Hz RS 2D 48% Dyn R 60 P Low HGen

TISO.1 MI 0.7

M3

7.0cm

X3

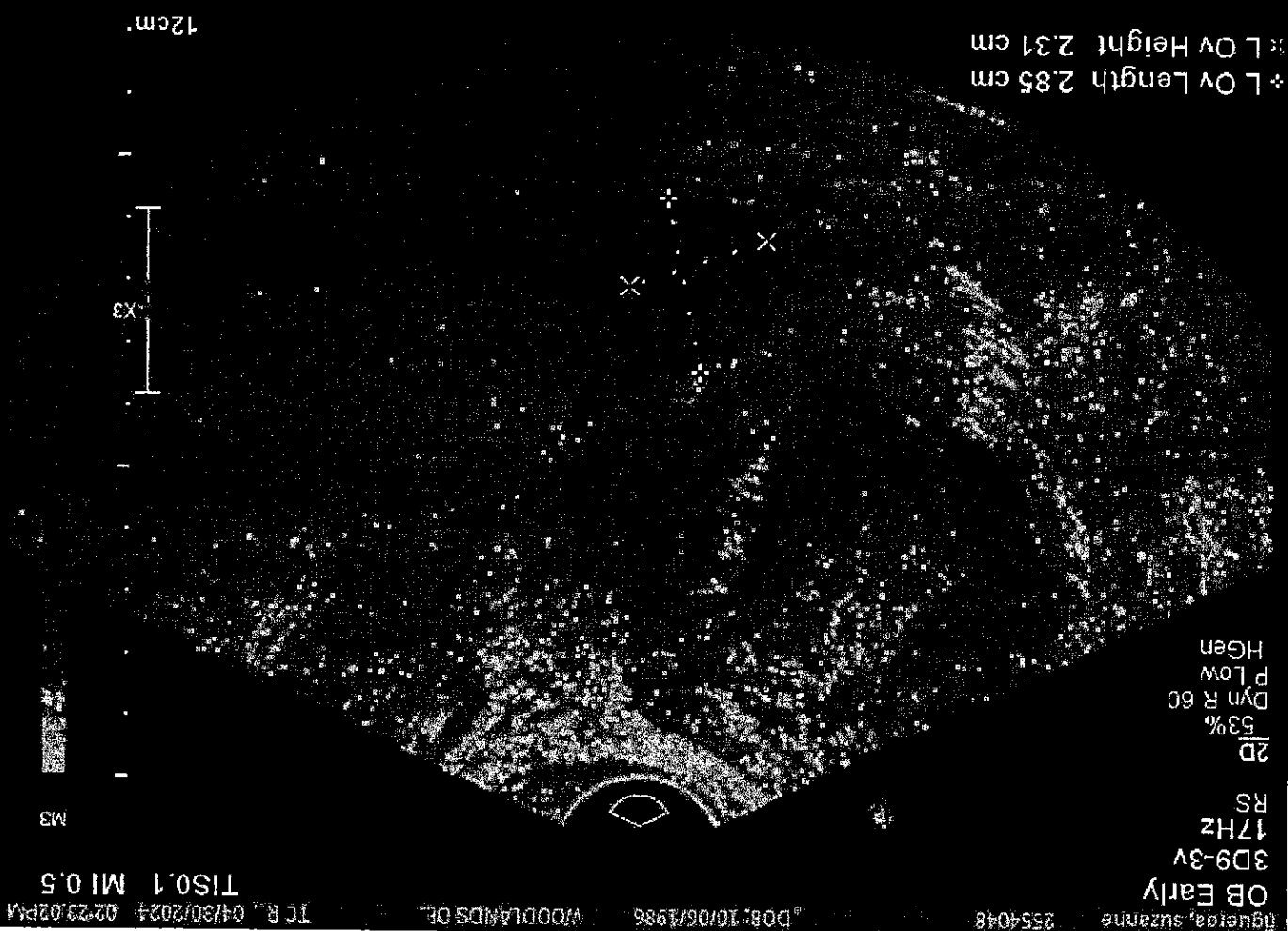
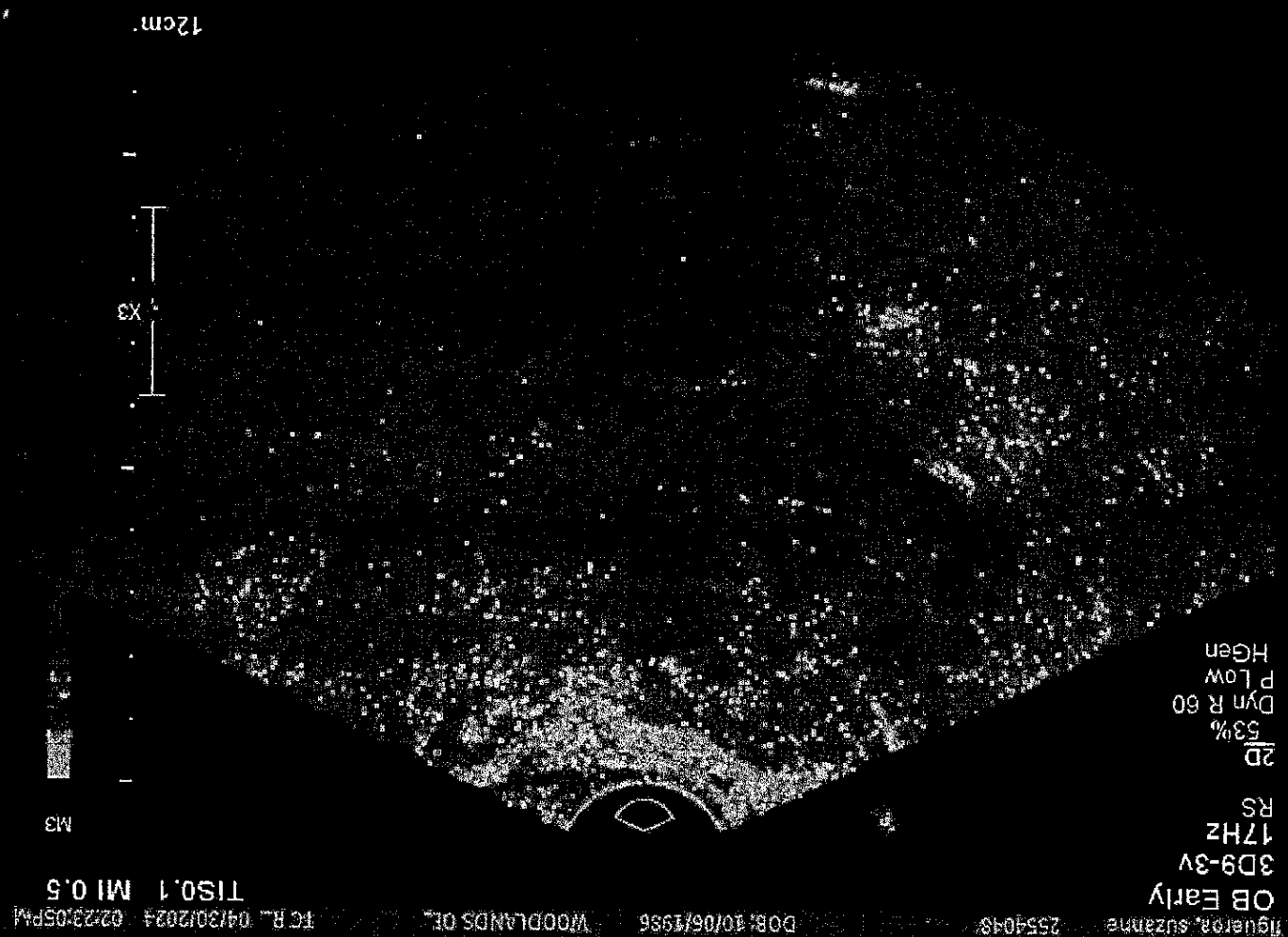
figuera, suzanne 2554048 DOB: 10/06/1986 WOODLANDS OF TC R. 04/30/2024 02:22:44PM  
OB Early 3D9-3v 15Hz RS 2D 73% Dyn R 60 P Med HGen

TISO.3 MI 0.6

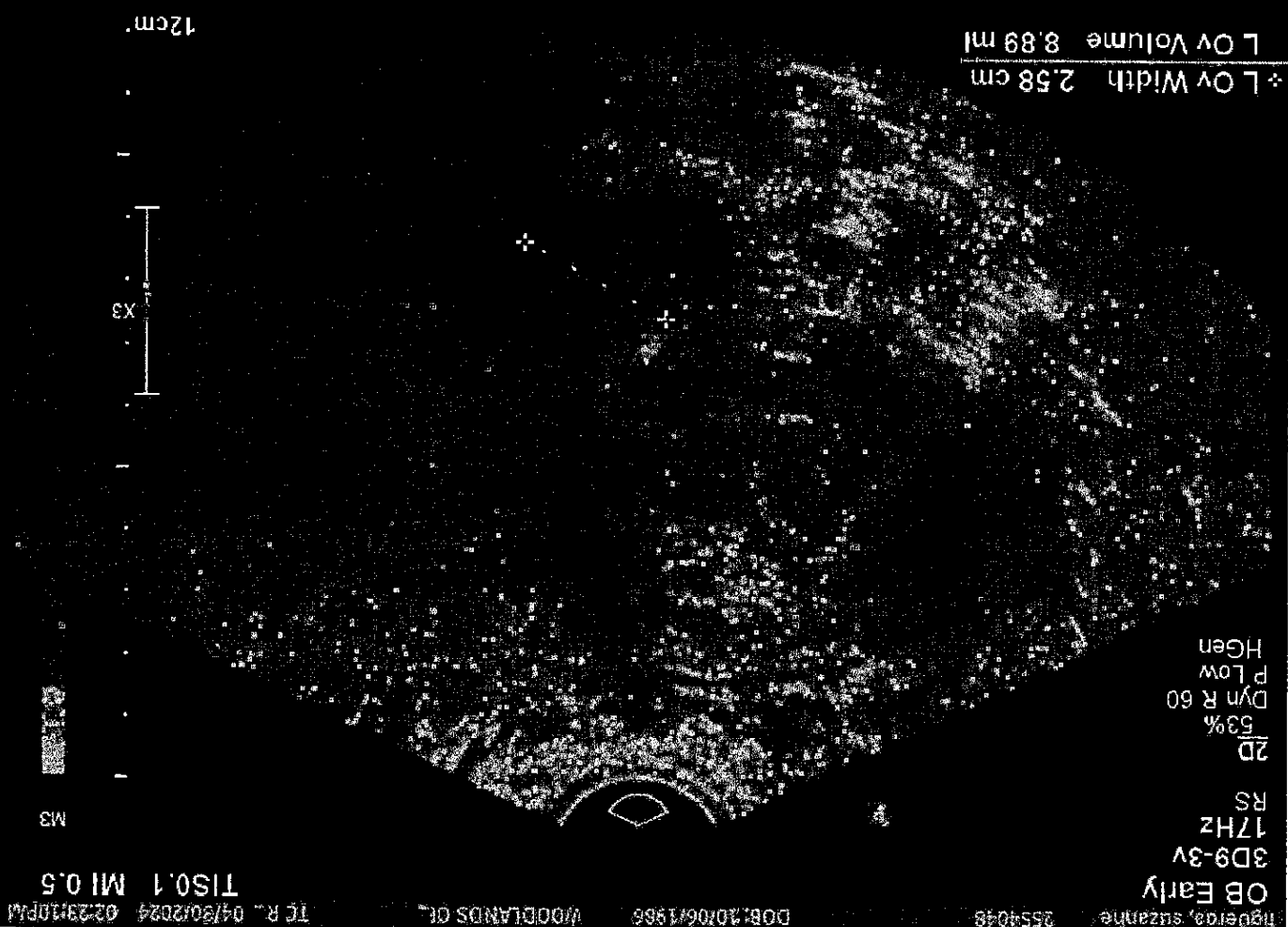
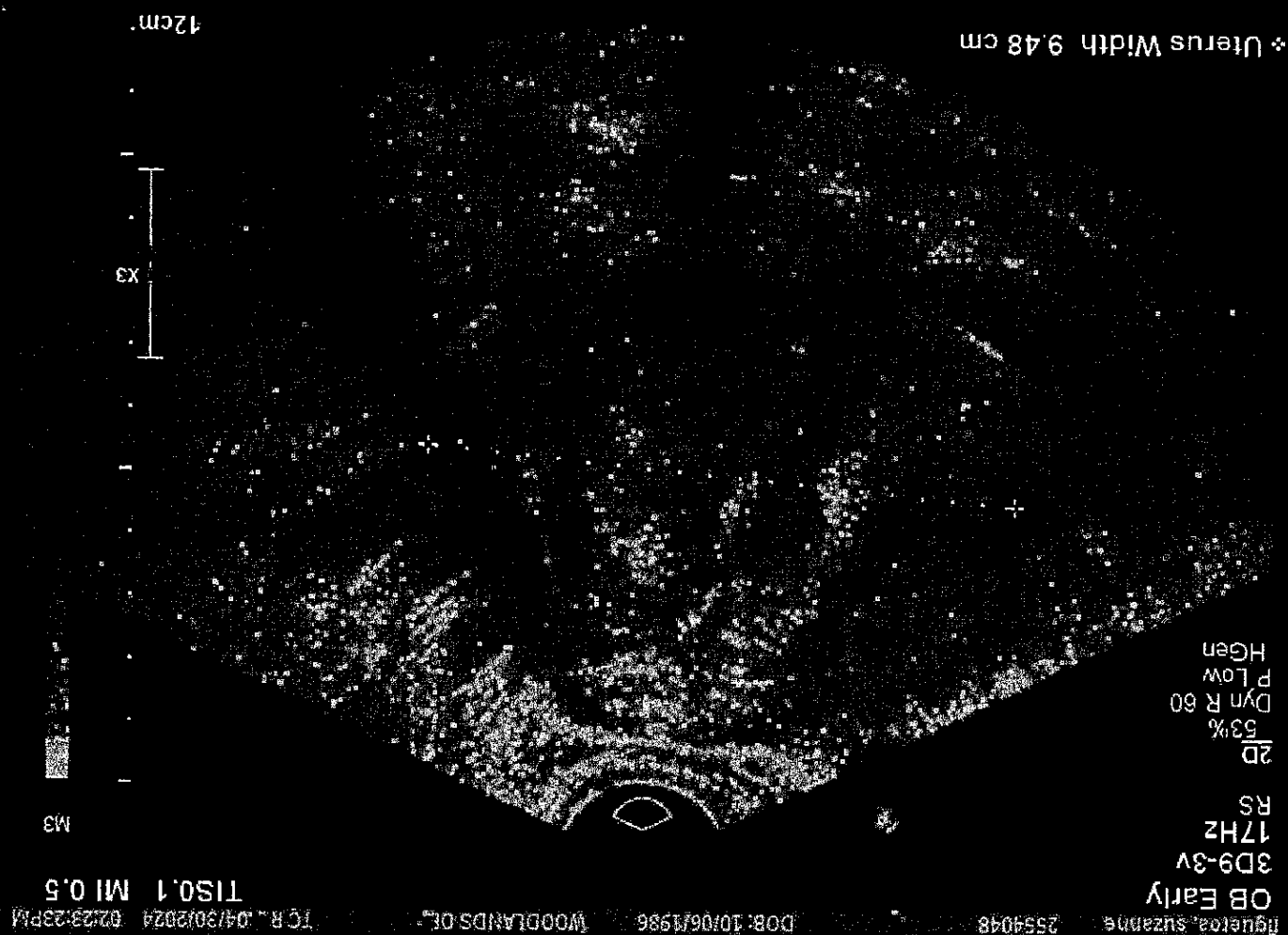
M3 M2

7.0cm

X3







Lone Star Family Health Center  
605 S CONROE MEDICAL DR  
CONROE, TX 77304-4722  
Phone: (936) 539-4004, Fax: (936) 521-3957

Date: 03/26/2025

Dear Suzanne Figueroa,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: CONNIE LIU MD

## Patient Care Summary for Suzanne Figueroa

### Most Recent Encounter

03/25/2025 Connie Liu: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. tel:+1-936-5394004

### Reason for Visit

Iron deficiency anemia

### Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Iron deficiency anemia
  - CBC (includes diff/plt)

Discussion Note: None recorded.

Patient educational handouts: No information available.

### Plan of Care

#### Reminders

			Provider
Appointments	Established Gyn Consult	04/17/2025 9:45AM	Sarah Moseley, DO
	Established Patient 15	on or around 05/03/2025	Ra Nae Stanton, MD
Lab	CBC (Includes Diff/plt)	03/25/2025	Quest Diagnostics PSC
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

### Current Medications



Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler INHALE 2 PUFFS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR COUGH OR WHEEZING		
dicyclomine 20 mg tablet TAKE ONE (1) TABLET BY MOUTH 4 TIMES A DAY FOR 30 DAYS.		
levothyroxine 150 mcg tablet TAKE ONE (1) TABLET(S) BY MOUTH IN THE MORNING.		
liothyronine 5 mcg tablet TAKE ONE (1) TABLET(S) BY MOUTH ONCE A DAY.		
methlyphenidate ER 36 mg tablet,extended release 24 hr Take 1 tablet every day by oral route.	03/25/2025	
ondansetron 4 mg disintegrating tablet DISSOLVE ONE (1) TABLET(S) BY MOUTH EVERY SIX HOURS AS NEEDED FOR NAUSEA OR VOMITING.		
pantoprazole 40 mg tablet,delayed release TAKE ONE (1) TABLET(S) BY MOUTH EVERY DAY.		
sertraline 100 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY		
sertraline 50 mg tablet TAKE ONE (1) TABLET BY MOUTH EVERY MORNING AS NEEDED FOR ANXIETY/MOOD.		

## Medications Administered

None recorded.

## Vitals

Height	Weight	BMI	Blood Pressure	O2 Saturation	Temperature	Heart Rate	Respiration Rate	Body Surface Area
5 ft 4 in	247 lbs 1 oz	42.4 kg/m2	126/83 mm[Hg]	100%	98.7 F°	78	18	2.25 m²

## Results

### Lab Results

Date	Name	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
03/25/2025	CBC W/ Auto Diff		Normal		White Blood Cell Count	7.6 thousand/uL	3.8-10.8 thousand/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
					Red Blood Cell Count	4.00 million/uL	3.80-5.10 million/uL	Final	
			Low		Hemoglobin	8.8 g/dL	11.7-15.5 g/dL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Low		Hematocrit	29.4 %	35.0-45.0 %	Final	
			Low		Mcv	73.5 fL	80.0-100.0 fL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Low		Mch	22.0 pg	27.0-33.0 pg	Final	

Date	Name	Specimen	Result	Interpretation	Description	Value	Range	Status	Address
			Low		Mchc	29.9 g/dL	32.0-36.0 g/dL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			High		Rdw	15.3 %	11.0-15.0 %	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Platelet Count	256 thousand/uL	140-400 thousand/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Mpv	10.4 fL	7.5-12.5 fL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Absolute Neutrophils	4583 cells/uL	1500-7800 cells/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Absolute Lymphocytes	2120 cells/uL	850-3900 cells/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Absolute Monocytes	600 cells/uL	200-950 cells/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Absolute Eosinophils	228 cells/uL	15-500 cells/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Absolute Basophils	68 cells/uL	0-200 cells/uL	Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Neutrophils	60.3 %		Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Lymphocytes	27.9 %		Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Monocytes	7.9 %		Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Eosinophils	3.0 %		Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving
			Normal		Basophils	0.9 %		Final	Quest Diagnostics - Dallas Lab: 4770 Regent Blvd, Irving

## Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
2670	RxNorm	Codeine			01/15/2023
84815	RxNorm	Adderall	Other		
1551469	RxNorm	Contrave	Other		

## Problems

Name	Status	Onset Date	Source
Hypothyroidism	Active	11/09/2020	External
Body Mass Index 40+ - Severely Obese	Active	11/09/2020	External

Name	Status	Onset Date	Source
Anxiety	Active	04/26/2021	External
Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type	Active	04/26/2021	External
Vitamin D Deficiency	Active	12/02/2021	External
Allergic Rhinitis	Active	04/07/2022	External
Iron Deficiency Anemia	Active	05/02/2023	External

Notes: Some problems listed in Documents: #166399, #166405, #166415 could not be added to this patient's chart. Please review these documents and add these problems to the patient's chart manually as needed.

## Procedures

Date	Name	Performed by
	Tubal Ligation	Information not available
	Gastric Bypass	Information not available

## Vaccine List

Here is a copy of your most up-to-date vaccination list.

### Vaccine Type

COVID-19 (SARS-COV-2) vaccine, unspecified

03/31/2021

COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)

03/15/2021 0.5 mL

COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose (Pfizer-BioNTech)

01/01/2023

DTaP

01/01/2019

Hep A, adult

01/01/2015

influenza, injectable, quadrivalent

01/01/2020

influenza, recombinant, quadrivalent, injectable, preservative free

11/03/2020 0.5 mL

08/17/2021 0.5 mL

influenza, seasonal, injectable, preservative free

10/05/2024

influenza, unspecified formulation

10/02/2023

meningococcal, unspecified formulation

01/01/2014

MMR

10/24/2011 1 mL

01/01/2014

05/16/2016 1 mL

01/31/2025 0.5 mL

Td(adult) unspecified formulation

**Vaccine Type**

12/17/2012 1 mL

Tdap

01/31/2025 0.5 mL

TST-PPD intradermal

09/20/2021 0.01 mL

varicella

10/24/2011 1 mL

**Tobacco Smoking Status**

Tobacco Smoking Status

Never Smoker

**Past Encounters**

Encounter Date

Diagnosis

Provider

03/25/2025 Iron Deficiency Anemia Connie Liu, MD: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. (936) 539-4004

**Demographics**

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	10/06/1986	Race:	Information not available
Preferred language:	English	Marital status:	Married

Contact: 17040 Linda Ln, Conroe, TX 77306, Ph. tel:+1-936-3143612

Note: Patients are solely responsible for maintaining the privacy and security of all information printed from the Patient Portal.



**Woodlands**  
**CANCER INSTITUTE**  
AMERICAN ONCOLOGY PARTNERS

**Woodlands Cancer Institute-Woodlands**  
135 Vision Park Blvd., The Woodlands, TX 77384  
Phone: (936) 235-7092 Fax: (281) 805-7320

Patient Name: **FIGUEROA, SUZANNE R**

Date: **12/20/2024**

Patient Number: **70192130**

Date Of Birth: **10/6/1986**

## **NEW PATIENT HEMATOLOGY**

### **Chief Complaint.**

Fatigue

New Oncology Problems/Diagnoses: 'Iron deficiency anemia, unspecified(280.9/D50.9)'. \*

### **History of Present Illness**

He is a pleasant female born on 10/6/1986 who works as an LVN at Encompass. She does have a history of menorrhagia with 2 uterine fibroids and additionally had a gastric bypass. She has been on bariatric vitamins, has known hypothyroidism, obesity, breast abscess, ADHD, vitamin D deficiency. She has no family history of hematologic or oncologic issues. She is a never smoker who rarely drinks alcohol. She is additionally had tubal ligation.

She has had very heavy menstrual periods and blood work 10/31/2024 despite oral iron showed a hemoglobin of 7.7 MCV of 62 low MCH low MCHC and high Red cell distribution width. WBC count was normal at that time with normal differential iron percentage and normal platelet count. However serum iron was 38 with elevated TIBC and iron saturation of only 7%. Her CMP at that time showed low calcium of 8.1 but showed normal GFR and LFTs TSH T3-T4 were normal at that time. She c/o fatigue, pica, aches/pains, increased sleep requirements, cold intolerance, and even occasional dizziness.

We discussed all risks and benefits of IV iron including but not limited to allergic reaction, infusion reaction, anaphylaxis. She is refractory to oral iron and additionally has post bariatric surgery status which would confer additional resistance to oral iron and finally is having active bleeding from menorrhagia. I have encouraged her to see GYN ASAP but in the short-term we will infuse IV iron, and follow her in roughly 4 weeks with CBC with a sed rate iron studies B12 and will rule out other secondary causes of anemia which are extremely unlikely to be present in her case. We discussed all risks and benefits. I answered all of her questions. She was in agreement.

### **Interval History**

12/20/2024: she is s/p monoferric 11/26/2024. labs 12/16/2024 showed improved hgb to 10.9, improved mcv of 74, iron improved to 60, ferritin to 46, b12 was inadequate at < 400. there was no evidence of secretory myeloma by spep ife light chains and no evidence of PNH by flow. i recommended IM or sublingual b12 to achieve a level of ~ 1000. symptoms of fatigue, cold intolerance better

### **Meds/Allergies**

Continued medications: iron ps 165 mg-vit C 600 mg-B12-B6-E-FA 2 mg-IF-senna/5 mL oral liquid, LEVOTHYROXINE SODIUM 150MCG TABLET, LIOTHYRONINE 5MCG TAB, METHYLPHENIDATE HYDROCHLORIDE 36MG, PANTOPRAZOLE SODIUM 40MG TABLET, SERTRALINE HYDROCHLORIDE 100MG.

codeine

### **Past Medical History**

Patient has a history of above

**Past Surgical History**

Surgical history includes above

**Social History**

Never smoker. Cessation - Not applicable. Cessation medication not indicated.

Alcohol History: occasional

Illicit Drug Use History: Denies current or prior use of illicit drugs.

Patient is working full time. Occupation: LVN.

Year round resident.

**Family History**

NC

**Review Of Systems**

Fatigue Grade: 1 (Mild fatigue over baseline).

pale eyes

No Angina.

No Shortness of breath.

No Abdominal pain. No nausea. No vomiting.

Arthralgias Grade: 1 (Mild pain with inflammation, erythema, or joint swelling, but not interfering with function).

pale

No Headache.

dizziness

pica, fatigue, cold intolerance, aches/pains, dizziness

**PHYSICAL EXAM**

Vitals on 12/20/2024 9:19:00 AM: Height=64in, Weight=242lb, Temp=97.9f, Pulse=64, Resp=18, SystolicBP=106, DiastolicBP=71, O2 Sat=99%, Comment=GIVIRUSABDPAIN General: Chronically ill.

pale eyes

Neck/Thyroid:

reg rate

reg rate

mild obese

MSK:

No cyanosis clubbing or edema.

pale

Alert and Oriented X 3.

**(CQM) Patient Reported Pain:**

Comparative Scale 4 - Distressing.

<b>Name</b>	<b>11/21/24</b>
<b>Mayo Pain Scale</b>	<b>2,3</b>

**Radiology Documents****Pathology Documents**

<b>Print?</b>	<b>Date of Doc.</b>	<b>Name</b>	<b>MD Interpretation</b>	<b>Comment</b>
<input type="checkbox"/>				



<input type="checkbox"/>	12/16/2024	Flow Cytometry Report		
--------------------------	------------	-----------------------	--	--

**Impression/Assessment/Plan**

She has had very heavy menstrual periods and blood work 10/31/2024 despite oral iron showed a hemoglobin of 7.7 MCV of 62 low MCH low MCHC and high Red cell distribution width. WBC count was normal at that time with normal differential iron percentage and normal platelet count. However serum iron was 38 with elevated TIBC and iron saturation of only 7%. Her CMP at that time showed low calcium of 8.1 but showed normal GFR and LFTs TSH T3-T4 were normal at that time. She c/o fatigue, pica, aches/pains, increased sleep requirements, cold intolerance, and even occasional dizziness.

We discussed all risks and benefits of IV iron including but not limited to allergic reaction, infusion reaction, anaphylaxis. She is refractory to oral iron and additionally has post bariatric surgery status which would confer additional resistance to oral iron and finally is having active bleeding from menorrhagia. I have encouraged her to see GYN ASAP but in the short-term we will infuse IV iron, and follow her in roughly 4 weeks with CBC with a sed rate iron studies B12 and will rule out other secondary causes of anemia which are extremely unlikely to be present in her case.

**A/P:**

- 1) iron def anemia s/p gastric bypass 2022
- 2) b12 deficiency s/p gastric bypass 2022
- 3) menorrhagia 2/2 uterine fibroids

she is s/p monoferric 11/26/2024. labs 12/16/2024 showed improved hgb to 10.9, improved mcv of 74, iron improved to 60, ferritin to 46, b12 was inadequate at < 400. there was no evidence of secretory myeloma by spep ife light chains and no evidence of PNH by flow. i recommended IM sublingual b12 to achieve a level of ~ 1000.

rtc 5 mo with cbc with diff sed rate iron ferritin tbc b12  
take sublingual b12 otc daily

We discussed all risks and benefits. I answered all of her questions. She was in agreement.

**Plan**

Reviewed with patient natural history, prognosis, treatment options.

**Fax to:**

VIVIAN MUNDO PA~(281)296-8591;

Signed By: Dr. Sandeep Kodityal

Sandeep Kodityal, MD, NPI: 1790820736,

*This document was electronically signed on 12/20/2024 at 9:22 AM*

Lone Star Family Health Center • 605 S CONROE MEDICAL DR, CONROE TX 77304-4722  
FIGUEROA, Vicente FRANCISCO (id #119229, dob: 06/20/1972)

Lone Star Family Health Center  
605 S CONROE MEDICAL DR  
CONROE, TX 77304-4722  
Phone: (936) 539-4004, Fax: 8339733975

Date: 01/30/2025

Dear Vicente Figueroa,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: BRANCH WILLIS, FNP

## Patient Care Summary for Vicente Francisco Figueroa

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### Most Recent Encounter

01/29/2025 Branch Willis: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. tel:+1-936-5394004

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### Reason for Visit

establish care

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### Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Primary hypertension

- comprehensive metabolic panel
  - lipid panel, standard
  - losartan 25 mg tablet
- 

2. Benign prostatic hyperplasia, unspecified whether lower urinary tract symptoms present

- PSA, total
  - tamsulosin 0.4 mg capsule
- 

3. Type 2 diabetes mellitus without complication, without long-term current use of insulin

- hemoglobin A1C
  - albumin, random urine w/creatinine
  - Mounjaro 2.5 mg/0.5 mL subcutaneous pen injector
- 

4. History of vitamin B deficiency

- vitamin B12
- 

5. Administration of viral vaccine

- Fluarix Triv 2024-2025 (PF) 45 mcg (15 mcg x 3)/0.5 mL IM syringe
- 

6. Dyslipidemia

- atorvastatin 20 mg tablet
- 

7. Anxiety

• escitalopram 10 mg tablet

8. Gastroesophageal reflux disease, unspecified whether esophagitis present

• pantoprazole 40 mg tablet, delayed release

9. Need for vaccination

• Prevnar 20 (PF) 0.5 mL intramuscular syringe

• measles, mumps, rubella vaccine live (PF) 1,000-12,500 TCID<sub>50</sub>/0.5 mL subcut

Discussion Note: None recorded.

Patient educational handouts: No information available.

## Plan of Care

### Reminders

Appointments	None recorded.	Provider	
Lab	Hemoglobin a1C	01/29/2025	Quest Diagnostics PSC
	Albumin, Random Urine W/creatinine	01/29/2025	Quest Diagnostics PSC
	Comprehensive Metabolic Panel	01/29/2025	Quest Diagnostics PSC
	Lipid Panel, Standard	01/29/2025	Quest Diagnostics PSC
	PSA, Total	01/29/2025	Quest Diagnostics PSC
	Vitamin B12	01/29/2025	Quest Diagnostics PSC
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

## Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
atorvastatin 20 mg tablet Take 1 tablet every day by oral route.	01/29/2025	
escitalopram 10 mg tablet Take 1 tablet every day by oral route.	01/29/2025	
finasteride 5 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY		
losartan 25 mg tablet Take 1 tablet every day by oral route.	01/29/2025	
Mounjaro 2.5 mg/0.5 mL subcutaneous pen injector Inject 2.5 mg every week by subcutaneous route.	01/29/2025	
Mounjaro 5 mg/0.5 mL subcutaneous pen injector INJECT FIVE (5) MG SUBCUTANEOUSLY ONCE A WEEK.		
pantoprazole 40 mg tablet, delayed release Take 1 tablet every day by oral route.	01/29/2025	
tamsulosin 0.4 mg capsule Take 1 capsule every day by oral route.	01/29/2025	

## Medications Administered

None recorded.

## Vitals

Height	Weight	BMI	Blood Pressure	O2 Saturation	Temperature	Heart Rate	Respiration Rate	Blood Pressure Measurement Method	Body Surface Area
5 ft 3.75 in Standing	188 lbs 6.4 oz With clothes	32.6 kg/m2	134/81 mm[Hg]	98% Room Air at Rest	97.8 F° oral	71	18	machine	1.96 m²

## Results

### Lab Results

None recorded.

## Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

## Problems

Name	Status	Onset Date	Source
Type 2 Diabetes Mellitus without Complication	Active	01/29/2025	
Cobalamin Deficiency	Active	01/29/2025	
Dyslipidemia	Active	01/29/2025	
Anxiety	Active	01/29/2025	
Essential Hypertension	Active	01/29/2025	
Gastroesophageal Reflux Disease	Active	01/29/2025	
Benign Prostatic Hyperplasia	Active	01/29/2025	

## Procedures

Notes: none

## Vaccine List

Here is a copy of your most up-to-date vaccination list.

### Vaccine Type

influenza, seasonal, injectable, preservative free

01/29/2025 0.5 mL (administered)

### MMR

01/29/2025 0.5 mL (administered)

Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF

01/29/2025 0.5 mL (administered)

## Tobacco Smoking Status

Tobacco Smoking Status

Former Smoker

### Past Encounters

Encounter Date	Diagnosis	Provider
01/29/2025	Primary Hypertension; Benign Prostatic Hyperplasia, Unspecified Whether Lower Urinary Tract Symptoms Present; Type 2 Diabetes Mellitus without Complication, without Long-term Current Use of Insulin; History of Vitamin B Deficiency; Administration of Viral Vaccine; Dyslipidemia; Anxiety; Gastroesophageal Reflux Disease, Unspecified Whether Esophagitis Present; Need for Vaccination	Branch Willis, FNP: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. (936) 539-4004

### Demographics

Sex:	Female	Ethnicity:	Hispanic or Latino/Spanish
DOB:	06/20/1972	Race:	White
Preferred language:	Spanish; Castilian	Marital status:	Married

Contact: 17040 Linda Ln, Conroe, TX 77306, Ph. tel:+1-936-3143612

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Note: Patients are solely responsible for maintaining the privacy and security of all information printed from the Patient Portal.

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Lone Star Family Health Center  
605 S CONROE MEDICAL DR  
CONROE, TX 77304-4722  
Phone: (936) 539-4004, Fax: (936) 521-3957

Date: 01/23/2025

Dear Avery Garcia,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: CARISA RICHTER, PA-C

## Patient Care Summary for Avery L Garcia

### Most Recent Encounter

01/23/2025 Carisa Richter: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. tel:+1-936-5394004

### Reason for Visit

ADHD

### Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. ADHD (attention deficit hyperactivity disorder), combined type

- visual acuity\*
- hearing screening\*
- drug monitoring, panel 8 with confirmation, urine
- controlled substance agreement\*

2. Administration of viral vaccine

- Fluarix Triv 2024-2025 (PF) 45 mcg (15 mcg x 3)/0.5 mL IM syringe

Discussion Note: None recorded.

Patient educational handouts: No information available.

### Plan of Care

#### Reminders

			Provider
Appointments	Follow up 15	on or around 04/23/2025	Carisa Richter, PA-C
Lab	Drug Monitoring, Panel 8 with Confirmation, Urine	01/23/2025	Quest Diagnostics PSC
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		



Reminders	Provider
Imaging	None recorded.

## Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
cetirizine 10 mg tablet GIVE 1 TABLET BY MOUTH DAILY		
EpiPen Jr 2-Pak 0.15 mg/0.3 mL injection,auto-injector		04/21/2016
ProAir HFA 90 mcg/actuation aerosol inhaler		03/19/2020

Notes: \*Medication: Medications Reconciled \*Sig: Medications Reconciled. \*Status: 1 \*Comments: \*Status: Active | \*Medication: Pt not using any OTC and HERBAL Medications \*Sig: Pt not using any OTC and HERBAL Medications Active. \*Status: 1 \*Comments: \*Status: Active | \*Medication: Pt not using any OTC and HERBAL Medications \*Sig: Pt not using any OTC and HERBAL Medications Inactive. \*Status: 0 \*Comments: \*Status: Inactive | \*Medication: Robitussin DM \*Code: 1605844 \*Concept Type: RxNorm\_ID \*Sig: Robitussin DM (100-10MG/5ML Syrup, Oral as needed) Inactive. \*Status: 0 \*Comments: \*Status: Inactive

## Medications Administered

None recorded.

## Vitals

Height	Weight	BMI	Blood Pressure	O2 Saturation	Temperature	Heart Rate	Respiration Rate	Body Surface Area
5 ft 6.5 in (54th %ile)	278 lbs 6 oz (>99th %ile)	44.3 (99th %ile: Age and sex) kg/m2	119/80 mm[Hg]	97%	98.7 F°	99	18	2.43 m²

## Results

### Lab Results

None recorded.

## Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Notes: \*Allergy Name: No Known Allergies \*Status: Active | \*Allergy Name: No Known Drug Allergies \*Status: Active

## Problems

Name	Status	Onset Date	Source
Cough	Active	08/22/2020	History
SARS-CoV-2 Not Detected	Active	08/26/2020	History
Influenza Caused by Influenza B Virus	Active	08/26/2020	History
Exposure to SARS-CoV-2	Active	01/10/2022	History
Attention Deficit Hyperactivity Disorder, Combined Type	Active	01/23/2025	
Tinea Pedis	Active		History
Mild Dehydration	Active		History

Name	Status	Onset Date	Source
Childhood Obesity	Active		History
Asthma	Active		History
Folliculitis	Active		History
Finding of Body Mass Index	Active		History
Increased Blood Pressure	Active		History
Patient Encounter Status	Active		History
Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type	Active		History

## Procedures

Date	Name	Performed by
08/02/2024	Circumcision	Information not available

## Vaccine List

Here is a copy of your most up-to-date vaccination list.

### Vaccine Type

Hep A, ped/adol, 2 dose

02/16/2015 0.5 mL

### HPV9

07/27/2022 0.5 mL

07/25/2023 0.5 mL

### Influenza vaccine, quadrivalent, adjuvanted

11/19/2015 0.5 mL

10/28/2016 0.5 mL

10/25/2017 0.5 mL

10/25/2018 0.5 mL

10/23/2019 0.5 mL

10/06/2021 0.5 mL

01/24/2024 0.5 mL

### influenza, seasonal, injectable, preservative free

01/23/2025 0.5 mL (administered)

### meningococcal MCV4P

07/27/2022 0.5 mL

### Tdap

07/27/2022 0.5 mL

### varicella

02/16/2015 0.5 mL

Notes: \*Immunization Name: rotavirus, monovalent \*Genus Id: 119 \*Concept Type: CVX \*Administered Date: 10/14/2010  
 \*Vaccine Site: <Undefined> | \*Immunization Name: rotavirus, monovalent \*Genus Id: 119 \*Concept Type: CVX \*Administered  
 Date: 08/19/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: pneumococcal conjugate PCV 7 \*Genus Id: 100 \*Concept  
 Type: CVX \*Administered Date: 08/19/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: pneumococcal conjugate PCV  
 7 \*Genus Id: 100 \*Concept Type: CVX \*Administered Date: 10/06/2011 \*Vaccine Site: <Undefined> | \*Immunization Name:  
 pneumococcal conjugate PCV 7 \*Genus Id: 100 \*Concept Type: CVX \*Administered Date: 10/14/2010 \*Vaccine Site:  
 <Undefined> | \*Immunization Name: DTaP \*Genus Id: 20 \*Concept Type: CVX \*Administered Date: 12/17/2010 \*Vaccine Site:

<Undefined> | \*Immunization Name: IPV \*Genus Id: 10 \*Concept Type: CVX \*Administered Date: 02/21/2011 \*Vaccine Site:  
<Undefined> | \*Immunization Name: IPV \*Genus Id: 10 \*Concept Type: CVX \*Administered Date: 02/23/2013 \*Vaccine Site:  
<Undefined> | \*Immunization Name: Hep B, adolescent or pediatric \*Genus Id: 08 \*Concept Type: CVX \*Administered Date:  
12/17/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: Hep B, adolescent or pediatric \*Genus Id: 08 \*Concept Type:  
CVX \*Administered Date: 08/19/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: IPV \*Genus Id: 10 \*Concept Type:  
CVX \*Administered Date: 05/27/2011 \*Vaccine Site: <Undefined> | \*Immunization Name: DTaP \*Genus Id: 20 \*Concept Type:  
CVX \*Administered Date: 10/14/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: DTaP \*Genus Id: 20 \*Concept Type:  
CVX \*Administered Date: 08/19/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: DTaP \*Genus Id: 20 \*Concept Type:  
CVX \*Administered Date: 03/11/2011 \*Vaccine Site: <Undefined> | \*Immunization Name: Hep B, adolescent or pediatric  
\*Genus Id: 08 \*Concept Type: CVX \*Administered Date: 07/18/2010 \*Vaccine Site: <Undefined> | \*Immunization Name: MMR  
\*Genus Id: 03 \*Concept Type: CVX \*Administered Date: 06/28/2011 \*Vaccine Site: <Undefined> | \*Immunization Name: Hep B,  
adolescent or pediatric \*Genus Id: 08 \*Concept Type: CVX \*Administered Date: 06/03/2010 \*Vaccine Site: <Undefined>

## Tobacco Smoking Status

Tobacco Smoking Status

Never Smoker

## Past Encounters

Encounter Date	Diagnosis	Provider
01/23/2025	ADHD (Attention Deficit Hyperactivity Disorder), Combined Type; Administration of Viral Vaccine	Carisa Richter, PA-C: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. (936) 539-4004

## Demographics

Sex:	Male	Ethnicity:	Hispanic or Latino/Spanish
DOB:	06/03/2010	Race:	White
Preferred language:	English	Marital status:	Never Married

Contact: 17040 Linda Ln, Conroe, TX 77306-6171, Ph. tel:+1-936-3143612

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Lone Star Family Health Center  
605 S CONROE MEDICAL DR  
CONROE, TX 77304-4722  
Phone: (936) 539-4004, Fax: (936) 521-3957

Date: 02/03/2025

Dear Luis Garcia,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: RANAE STANTON, MD

## Patient Care Summary for Luis A Garcia

### Most Recent Encounter

01/31/2025 Ra Nae Stanton: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. tel:+1-936-5394004

### Reason for Visit

ADHD

### Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. ADHD (attention deficit hyperactivity disorder), combined type  
• methylphenidate ER 10 mg tablet,extended release

Discussion Note: None recorded.

Patient educational handouts: No information available.

### Plan of Care

#### Reminders

Appointments

None recorded.

Provider

Lab

None recorded.

Referral

None recorded.

Procedures

None recorded.

Surgeries

None recorded.

Imaging

None recorded.

### Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
azithromycin 200 mg/5 mL oral suspension TAKE 10ML BY MOUTH ON DAY 1, THEN TAKE 5 ML BY MOUTH DAILY FOR 4 DAYS.		
brompheniramine-pseudoephedrine-DM 2 mg-30 mg-10 mg/5 mL oral syrup TAKE FIVE (5) ML(S) BY MOUTH EVERY EIGHT HOURS AS NEEDED FOR COUGH FOR 7 DAYS.		
cefdinir 250 mg/5 mL oral suspension GIVE 13.86 ML(S) BY MOUTH ONCE A DAY FOR SEVEN DAYS (DISCARD REMAINDER).		
cetirizine 1 mg/mL oral solution Cetirizine HCl (1MG/ML solution, 5 Milliliter Oral daily, Taken starting 03/20/2020) Active.		03/20/2020
methylphenidate ER 10 mg tablet,extended release Take 1 tablet by oral route.		01/31/2025
prednisolone 15 mg/5 mL oral solution TAKE FIVE (5) ML(S) BY MOUTH DAILY FOR 5 DAYS.		

Notes: \*Medication: Medications Reconciled \*Sig: Medications Reconciled. \*Status: 1 \*Comments: \*Status: Active | \*Medication: Patient not taking any herbal medications at this time \*Sig: Patient not taking any herbal medications at this time (1 (one) Oral) Active. \*Status: 1 \*Comments: \*Status: Active | \*Medication: Patient not taking any herbal medications at this time \*Sig: Patient not taking any herbal medications at this time (1 (one) Oral) Inactive. \*Status: 0 \*Comments: \*Status: Inactive | \*Medication: Pt not using any OTC and HERBAL Medications \*Sig: Pt not using any OTC and HERBAL Medications (1 (one)) Inactive. \*Status: 0 \*Comments: \*Status: Inactive | \*Medication: Pt not using any OTC and HERBAL Medications \*Sig: Pt not using any OTC and HERBAL Medications Inactive. \*Status: 0 \*Comments: \*Status: Inactive

## Medications Administered

None recorded.

## Vitals

Height	Weight	BMI	Blood Pressure	O2 Saturation	Temperature	Heart Rate	Respiration Rate	Body Surface Area
4 ft 8 in (94th %ile)	8 lbs 6 oz (<1st %ile)	1.9 (<1st %ile: Age and sex) kg/m2	98/65 mm[Hg]	97%	98.7 F°	96	18	0.39 m²

## Results

### Lab Results

None recorded.

## Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
828243	RxNorm	Amoxicillin	Rash		

Notes: \*Allergy Name: No Known Allergies \*Status: Inactive | \*Allergy Name: No Known Drug Allergies \*Status: Inactive  
 Some allergies listed in Document: #153481 could not be added to this patient's chart. Please review this document and add these allergies to the patient's chart manually as needed.

## Problems

Name	Status	Onset Date	Source History
Streptococcal Sore Throat	Active		

Name	Status	Onset Date	Source
Attention Deficit Hyperactivity Disorder, Combined Type	Active		History
Speech Delay	Active		History
Visual Testing Abnormal	Active		History
Upper Respiratory Infection	Active		History
Chronic Sinusitis	Active		History
Allergic Rhinitis	Active		History
Seasonal Allergic Rhinitis	Active		History
Lip Ulcer	Active		History
Umbilical Hernia	Active		History
Abscess of Skin And/or Subcutaneous Tissue	Active		History
Tachycardia	Active		History
Palpitations	Active		History
Foreign Body in Heel	Active		History
Mosquito Bite	Active		History

Notes: \*Problem Name: Non-Contributory Problem List/Past Medical History \*ICD-10 Codes:

## Procedures

Date	Name	Performed by
08/02/2024	Oral Surgery Procedure	Information not available
08/02/2024	Circumcision Notes: Date: 4/2016.	Information not available

Notes: \*Procedure Description: Sinus Surgery - Active \*SURGERY DATE: 08/02/2024 \*NOTE: April 2020

## Vaccine List

Here is a copy of your most up-to-date vaccination list.

### Vaccine Type

DTaP
11/26/2018 0.5 mL
DTaP-Hep B-IPV
08/08/2016 0.5 mL
10/21/2016 0.5 mL
DTaP-IPV
07/31/2020 0.5 mL
Hep A, ped/adol, 2 dose
04/12/2017 0.5 mL
12/19/2017 0.5 mL
Hib (PRP-OMP)
08/08/2016 0.5 mL
10/21/2016 0.5 mL
11/26/2018 0.5 mL



#### Vaccine Type

Influenza vaccine, quadrivalent, adjuvanted

10/25/2018 0.5 mL

11/26/2018 0.5 mL

10/23/2019 0.5 mL

12/15/2022 0.5 mL

Influenza, injectable, quadrivalent, preservative free, pediatric

10/21/2016 0.25 mL

influenza, seasonal, injectable, preservative free

01/23/2025 0.5 mL

MMR

04/12/2017 0.5 mL

MMRV

07/31/2020 0.5 mL

pneumococcal conjugate PCV 13

08/08/2016 0.5 mL

10/21/2016 0.5 mL

11/26/2018 0.5 mL

rotavirus, monovalent

08/08/2016 1 mL

varicella

04/12/2017 0.5 mL

Notes: \*Immunization Name: Hep B, adolescent or pediatric \*Genus Id: 08 \*Concept Type: CVX \*Administered Date: 04/06/2016 \*Vaccine Site: <Undefined> | \*Immunization Name: rotavirus, monovalent \*Genus Id: 119 \*Concept Type: CVX \*Administered Date: 06/09/2016 \*Route: PO \*Vaccine Site: <Undefined> \*Lot Number: A41FB563A \*Manufacturer Of Vaccine: SKB \*Expiration Date: 08/27/2017 \*Amount: 1 \*Units: ml \*Vaccinator: Villarreal, Yaneth | \*Immunization Name: pneumococcal conjugate PCV 13 \*Genus Id: 90670 \*Concept Type: CPT \*Administered Date: 06/09/2016 \*Route: IM \*Vaccine Site: <Undefined> \*Lot Number: N20608 \*Manufacturer Of Vaccine: PFR \*Expiration Date: 07/01/2017 \*Amount: 0.5 \*Units: ml \*Vaccinator: Villarreal, Yaneth | \*Immunization Name: DTaP-Hep B-IPV \*Genus Id: 110 \*Concept Type: CVX \*Administered Date: 06/09/2016 \*Route: IM \*Vaccine Site: <Undefined> \*Lot Number: 3BD23 \*Manufacturer Of Vaccine: SKB \*Expiration Date: 04/14/2018 \*Amount: 0.5 \*Units: ml \*Vaccinator: Villarreal, Yaneth | \*Immunization Name: Hib (PRP-OMP) \*Genus Id: 49 \*Concept Type: CVX \*Administered Date: 06/09/2016 \*Route: IM \*Vaccine Site: <Undefined> \*Lot Number: L051123 \*Manufacturer Of Vaccine: MSD \*Expiration Date: 10/13/2018 \*Amount: 0.5 \*Units: ml \*Vaccinator: Villarreal, Yaneth

#### Tobacco Smoking Status

None recorded.

#### Past Encounters

Encounter Date	Diagnosis	Provider
01/31/2025	ADHD (Attention Deficit Hyperactivity Disorder), Combined Type	Ra Nae Stanton, MD: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. (936) 539-4004
01/23/2025	ADHD (Attention Deficit Hyperactivity Disorder), Combined Type; Influenza Vaccine Needed	Carisa Richter, PA-C: 605 S Conroe Medical Dr, Conroe, TX 77304-4722, Ph. (936) 539-4004

#### Demographics

Sex:	Male	Ethnicity:	Hispanic or Latino/Spanish
DOB:	04/06/2016	Race:	White
Preferred language:	English	Marital status:	Never Married

Contact: 17040, Apt A, Conroe, TX 77306-6171, Ph. tel:+1-936-3143612

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Suzanne R. Figueroa  
7040 Linda Ln  
Conroe, Texas 77306  
Re: 4:25-cv-01139

United States District Court  
Southern District of Texas  
FILED  
APR - 3 2025  
Northern District of Texas  
FILED  
APR - 3 2025

Attn: Clerk of the Court

United States District Court

Southern District of Texas - Houston D.

515 Rusk Street

Houston, Texas 77002



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